

1996 SIPP WAVE 1 CORE QUESTIONNAIRE

MAJOR SECTIONS

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FILE A: INTRODUCTION, VERIFICATION OF ADDRESS

-INTRO-

"Hello. I'm ... from the United States Bureau of the Census.

Here is my identification card (show ID card). We are conducting a survey on the economic situation of people who live in the United States. I have some questions to ask you."

o Ask respondent if he/she received advance letter;
if not, give letter to respondent before proceeding.

o Is the respondent ready to complete the interview?

(1) Inconvenient time. Try again later

(2) Reluctant Respondent - Hold for refusal followup

(3) Noninterview

(P) Proceed

-BEGIN-

I'm ready to begin the interview with questions about who lives here, their ages, how they're related to each other, and other information of that sort. Then, I will ask questions about your jobs and any other sources of income.

First, I will ask you about YOURSELF and then I'll need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

-VERADD-

What is your exact address?

ADDRESS:[ADDRESS LINE 1]

[ADDRESS LINE 2]

[POST OFFICE] [STATE] [ZIPCODE]

(1) Address correct as listed

(2) Address correct, but some additions/changes needed

(3) INCORRECT ADDRESS - terminate interview, find correct address

-CHGADD-

Enter address or (S) for SAME, if no change needed

Current listing: [ADDRESS LINE 1]

@

Current listing: [ADDRESS LINE 2]

@

Current listing: [POST OFFICE]

@

Current listing: [STATE]

@

Current Listing: [ZIPCODE]

@

-MAILADDR-

Is this also your mailing address?

ADDRESS:[ADDRESS LINE 1]

[ADDRESS LINE 2]

[POST OFFICE] [STATE] [ZIPCODE]

(1) Yes

(2) No

-CHGMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: [ADDRESS LINE 1]

@

Current listing: [ADDRESS LINE 2]

@

Current listing: [POST OFFICE]

@

Current listing: [STATE]

@

Current Listing: [ZIPCODE]

@

FILE B: NONINTERVIEWS

-TYPEABC- ENTER NONINTERVIEW CODE

- [bold]TYPE A TYPE B[n]
(1) No one home(10) Vacant regular (REG)
(2) Temporarily absent(11) Vacant - storage of household furniture
(3) Refused(12) Unfit or to be demolished
(4) Unable to locate(13) Under construction, not ready
(5) Language problem(14) Converted to temp. business or storage
(6) Other Type A(15) Unoccupied tent or trailer site
(16) Permit granted, construction not started
[bold]TYPE C[n](17) Temp. occupied by persons with URE
(21) Demolished(18) Occupied by persons under 15 years of age
(22) House or trailer moved(19) Other Type B
(23) Address outside segment
(24) Converted to permanent business or storage
(25) Merged
(26) Condemned
(27) Unused Serial #/Listing sheet line
(28) Other Type C @

-SPCIFY-
Specify the kind of "Other" Noninterview

-NI_RACE-
Enter the Race of the reference person

- (1) White
(2) Black
(3) American Indian, Aleut or Eskimo
(4) Asian or Pacific Islander
(5) Other
(D) Don't Know

-NI_SEX-
Enter the Sex of the reference person

- (1) Male
(2) Female

-NI_SIZE-
ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household.
Count all children and adults.

-NI_TENUR-
Are the living quarters --

- (1) Owned or being bought by the occupant(s)
- (2) Rented for cash
- (3) Occupied without payment of cash rent

-TYPEADIS-
** NOTE TO FR **

YOU MUST DISCUSS THIS CASE WITH YOUR SUPERVISOR
BEFORE TRANSMITTING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE

FILE C: COVERAGE - IDENTIFYING EXTRA UNITS

-OLDCON-

TO THE FR:

IF THIS ADDRESS IS A GROUP QUARTERS, MOBILE HOME,
TRAILER, TENT, BOAT, OR A UNIT NOT LOCATED IN A STRUCTURE,
ENTER (N) WITHOUT ASKING THE FOLLOWING QUESTION.

When was this structure originally built?

- (1) Before April 1, 1990
- (2) After April 1, 1990
- (N) Not Asked

-INBLD-

ADDRESS:[ADDRESS LINE 1]
[ADDRESS LINE 2]
[POST OFFICE] [STATE] [ZIPCODE]

Are there any other living quarters - either occupied or vacant - in this building?

- (1) Yes
- (2) No

-ONFLR-

ADDRESS:[ADDRESS LINE 1]
[ADDRESS LINE 2]
[POST OFFICE] [STATE] [ZIPCODE]

Are there any other living quarters - either occupied or vacant - on this floor?

- (1) Yes
- (2) No

-OTHBLD-

ADDRESS:[ADDRESS LINE 1]
[ADDRESS LINE 2]
[POST OFFICE] [STATE] [ZIPCODE]

ASK IF NOT APPARENT

Is there any other building, mobile home, or trailer on this property for people to live in -
either occupied or vacant?

- (1) Yes
- (2) No

-OTHADD-

What is the exact address of this other living quarters?

ADDRESS: [ADDRESS LINE 1]

@

ADDRESS: [ADDRESS LINE 2]

@

-INBLD_R-

ADDRESS:[ADDRESS LINE 1]

[ADDRESS LINE 2]

[POST OFFICE] [STATE] [ZIPCODE]

Are there any other living quarters - either occupied or vacant - in this building?

(1) Yes

(2) No

-ONFLR_R-

ADDRESS:[ADDRESS LINE 1]

[ADDRESS LINE 2]

[POST OFFICE] [STATE] [ZIPCODE]

Are there any other living quarters - either occupied or vacant - on this floor?

(1) Yes

(2) No

-OTHBLD_R-

ADDRESS:[ADDRESS LINE 1]

[ADDRESS LINE 2]

[POST OFFICE] [STATE] [ZIPCODE]

ASK IF NOT APPARENT

Is there any other building, mobile home, or trailer on this property for people to live in -
either occupied or vacant?

(1) Yes

(2) No

ONLIST-
INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR
VACANT LIVING QUARTERS IS ON YOUR LISTING SHEET.

[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

- (1) Additional address is on listing sheet
- (2) Additional address NOT on listing sheet

-BNDARY-
INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR
VACANT LIVING QUARTERS IS WITHIN THE AREA SEGMENT
BOUNDARIES.

[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

- (1) Address is within segment boundaries
- (2) Address is outside area segment boundaries

-GRPQTR-
[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

QUESTION FOR FR:
IS THIS LIVING QUARTERS IN A GROUP QUARTERS

- (1) Yes
- (2) No

-NOINCL-
[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

TO THE FR:
THIS OTHER LIVING QUARTERS IS NOT AN EXTRA UNIT,
DO NOT INCLUDE MEMBERS OF THIS OTHER LIVING QUARTERS
AS MEMBERS OF THE CURRENT HOUSEHOLD.

(P) Proceed

-LVEAT1-
[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

Do the occupants or intended occupants of the other living quarters live and eat separately from all other persons on the property?

- (1) Yes
- (2) No

-ACCES1-
Do the occupants or intended occupants of the other living quarters have direct access from the outside or through a common hall?

- (1) Yes
- (2) No

-INCLUD-
[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

INSTRUCTION TO FR:
THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE AN EXTRA UNIT. INCLUDE THE PERSONS WHO OCCUPY THAT LIVING ARRANGEMENT AS MEMBERS OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-XTRA-
[ADDITIONAL UNIT ADDRESS LINE 1]
[ADDITIONAL UNIT ADDRESS LINE 2]

INSTRUCTION TO FR:
THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT.
DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO THE INSTRUCTIONS IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

GQSEG-
INSTRUCTION TO FR:
IF YOU NOTICE MORE UNITS IN THE GQ THAN ARE LISTED,
ENTER THE FOLLOWING NOTE IN THE FOOTNOTE SECTION OF
THE LISTING SHEET:
"FOUND MORE UNITS AT INTERVIEW - ADD TO LISTING SHEET WHEN UPDATING"

(P) Proceed

-TYPADR-
QUESTION TO FR: WHAT TYPE OF ADDRESS IS THIS?

- (1) Single Unit Address
- (2) Multi-unit Address

-INBLD2-
I have listed one unit at
[ADDRESS LINE 1]
[ADDRESS LINE 2]
Are there any other living quarters - either occupied or vacant - in this building?

- (1) Yes
- (2) No

-OTHAD2-
What is the exact address of this other living quarters?
@
@

-INBLD2_R-
ADDRESS: [ADDRESS LINE 1]
[ADDRESS LINE 2]
[POST OFFICE] [STATE] [ZIPCODE]
Are there any other living quarters in this building?
(1) Yes
(2) No

-LIST2-

INSTRUCTION TO FR:
DETERMINE IF THE ADDRESS FOR THE OTHER OCCUPIED OR
VACANT LIVING QUARTERS IS ON YOUR LISTING SHEET

[ADDITIONAL ADDRESS LINE 1]

[ADDITIONAL ADDRESS LINE 2]

- (1) Other Address on listing sheet
- (2) Other Address NOT on listing sheet

-NOINCL A-

INSTRUCTION TO FR:
THE ADDITIONAL LIVING QUARTERS IS NOT
CONSIDERED TO BE AN EXTRA UNIT.

- (P) Proceed

-LVEAT2-

[ADDITIONAL ADDRESS LINE 1]

[ADDITIONAL ADDRESS LINE 2]

Do the occupants or intended occupants of the
other living quarters live and eat separately
from all other persons on the property?

- (1) Yes
- (2) No

-ACCES2-

Do the occupants or intended occupants of the
other living quarters have direct access from
the outside or through a common hall?

- (1) Yes
- (2) No

-XTRA2-

[ADDITIONAL ADDRESS LINE 1]

[ADDITIONAL ADDRESS LINE 2]

INSTRUCTION TO FR:
THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT.
DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS
OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO
THE INSTRUCTIONS IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

-INCLD2-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]

INSTRUCTION TO FR:
THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE
AN EXTRA UNIT. INCLUDE THE PERSONS WHO OCCUPY THAT
LIVING ARRANGEMENT AS MEMBERS OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-ATADR-
I have listed one unit at
[ADDRESS LINE 1]
[ADDRESS LINE 2]
Are there any other living quarters
- either occupied or vacant - at this address?

(1) Yes

(2) No

-OTHAD3-
What is the exact address of this other living quarters?

@

@

-ATADR_R-
ADDRESS:[ADDRESS LINE 1]
[ADDRESS LINE 2]
[POST OFFICE] [STATE] [ZIPCODE]

Are there any other living quarters - either occupied or vacant - at this original address?

(1) Yes

(2) No

-SAMEAD-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]

QUESTION FOR FR:
IS THE OTHER UNIT WITHIN THE SAME BASIC ADDRESS
(SAME HOUSE NUMBER AND STREET NAME) AS THE
ORIGINAL SAMPLE UNIT?

- (1) Yes
- (2) No

-NOINC3-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]
TO THE FR:
THIS OTHER LIVING QUARTERS IS NOT AN EXTRA UNIT,
DO NOT INCLUDE MEMBERS OF THIS OTHER LIVING QUARTERS
AS MEMBERS OF THE CURRENT HOUSEHOLD.

(P) Proceed

-LVEAT3-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]
Do the occupants or intended occupants of the other living quarters live and eat separately
from all other persons on the property?

(1) Yes
(2) No

-ACCES3-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]
Do the occupants or intended occupants of the other living quarters have direct access from
the outside or through a common hall?

(1) Yes
(2) No

-INCLD3-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]

INSTRUCTION TO FR:
THE OTHER LIVING QUARTERS IS NOT CONSIDERED TO BE
AN EXTRA UNIT. INCLUDE THE PERSONS WHO OCCUPY THAT LIVING
ARRANGEMENT AS MEMBERS OF THE ASSIGNED HOUSEHOLD.

(P) Proceed

-XTRA3-
[ADDITIONAL ADDRESS LINE 1]
[ADDITIONAL ADDRESS LINE 2]

INSTRUCTION TO FR:
THIS OTHER LIVING QUARTERS IS AN EXTRA UNIT.
DO NOT INCLUDE MEMBERS OF THIS EXTRA UNIT AS MEMBERS
OF THE CURRENT UNIT. THEY MUST BE INTERVIEWED SEPARATELY.

ADD THE EXTRA UNIT TO YOUR LISTING SHEET ACCORDING TO
THE INSTRUCTIONS IN YOUR LISTING AND COVERAGE MANUAL.

(P) Proceed

-CALLRO-
INSTRUCTION TO FR:
MORE THAN 3 EXTRA UNITS HAVE BEEN IDENTIFIED
FOR THIS LISTED ADDRESS.
1. CALL YOUR OFFICE
2. TELL YOUR SUPERVISOR THAT YOU HAVE MORE
THAN 3 EXTRA UNITS FOR THIS ADDRESS
3. DO NOT CONDUCT ANY INTERVIEWS AT THIS
ADDRESS UNTIL RECEIVING FURTHER INSTRUCTION

(P) Proceed

-ACCESS-
ASK IF NOT APPARENT

(Referring now to the originally assigned housing unit)
Indicate if access is:

- (1) Direct
 - (2) Through another unit
-

MERGE- ** DO NOT READ TO RESPONDENT **

This household must be merged with the household through which access is gained. Refer to Interviewer's manual to determine if the merged household is in or out of the SIPP sample.

- (1) Merged -- in SIPP sample
- (2) Merged -- NOT in SIPP sample

-LIVQRT- ** DO NOT READ TO RESPONDENT **

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with no permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
- (9) Unit not permanent in transient hotel, motel, etc.
- (10) Unoccupied tent or trailer site
- (11) Student quarters in college dormitory
- (12) GROUP QUARTERS UNIT not specified above

-UNITS-

ASK IF NOT APPARENT

How many housing units, both occupied and vacant, are there in this structure?

- (1) One, detached
- (2) One, attached
- (3) Two
- (4) 3-4
- (5) 5-9
- (6) 10-19
- (7) 20-49
- (8) 50 or more

-TENURE-

Are your living quarters --

- (1) Owned or being bought by you or someone in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

-PUBHSE-

Is this residence in a public housing project, that is, is it owned by a local housing authority?

- (1) Yes
- (2) No
- (D) Don't Know

-GVTRNT-

Is the Federal, State or local government paying part or all of the rent for this residence?

- (1) Yes
 - (2) No
 - (D) Don't Know
-

FILE D: DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

-RPNAME-

What are the names of all persons living or staying here? Start with the name of the person, or one of the persons, who owns or rents this home. Please include middle and maiden names.

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME@
MIDDLE NAME@
LAST NAME@
MAIDEN NAME@

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME@

-USUAL-

Does [FIRST NAME] [LAST NAME] usually live here?

- (1) Yes
 - (2) No
-

-ASKURE-

Does [FIRST NAME] [LAST NAME] have some other place where he/she usually lives?

- (1) Yes
 - (2) No
-

-OTHRRP-

NOTE: IF THE PERSON DOES NOT USUALLY LIVE AT THIS ADDRESS
AND THEY HAVE ANOTHER RESIDENCE WHERE THEY DO
USUALLY LIVE, THEY WILL NOT BE INCLUDED IN THIS
INTERVIEW. IF THIS IS THE CASE, IDENTIFY SOME OTHER
OWNER/RENTER OR IF NECESSARY, SOME OTHER ADULT AS THE FIRST PERSON.

ENTER F1 TO BACK UP AND CORRECT PREVIOUS SCREEN OR
PRESS (P) TO ENTER SOMEONE ELSE AS THE FIRST PERSON.

-RPSEX-

ASK IF NOT APPARENT:

Is [FIRST NAME] [LAST NAME] Male or Female?

- (1) Male
 - (2) Female
-

-MAXPER-

NOTE: A MAXIMUM OF 30 PEOPLE MAY BE INTERVIEWED IN
ANY HOUSEHOLD. THE LIMIT HAS BEEN REACHED

NO QUESTIONS WILL BE ASKED FOR ANY ADDITIONAL PEOPLE

PRESS ENTER TO CONTINUE

-NEXTNM-

What is the name of the next person living or staying here?

Please include middle and maiden names.

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME@
MIDDLE NAME@
LAST NAME@
MAIDEN NAME@

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME@

-NXTLIV-

Does [FIRST NAME] [LAST NAME] usually live here?

- (1) Yes
- (2) No

-NXTURE-

Does [FIRST NAME] [LAST NAME] have some other place where he/she usually lives?

- (1) Yes
- (2) No

-NOLIST-

NOTE: IF THE PERSON DOES NOT USUALLY LIVE AT THIS ADDRESS
AND THEY HAVE ANOTHER RESIDENCE WHERE THEY DO
USUALLY LIVE, THEY WILL NOT BE INCLUDED IN THIS INTERVIEW.

ENTER F1 TO BACK UP AND CORRECT PREVIOUS SCREEN OR
PRESS (P) TO PROCEED TO THE NEXT PERSON.

NXTSEX-
ASK IF NOT APPARENT:
Is [FIRST NAME] [LAST NAME] Male or Female?

- (1) Male
- (2) Female

-NEWRRP-
Please turn to flashcard A.
What is [FIRST NAME, LAST NAME]'s
relationship to [NAME OF REFERENCE PERSON]?

- (20) Spouse (Husband/Wife)
- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-SPOUSE1- (DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
1	[NAME OF REFERENCE PERSON]	[RP SEX]
[LN]	[FIRST NAME, LAST NAME]	[NXTSEX]

- (1) To correct LINE 1's SEX entry
- (2) To correct LINE [fill P_PX]'s SEX entry
- (3) Neither sex entry is incorrect

-SPOUSE2-
You said [FIRST NAME, LAST NAME] is [NAME OF REFERENCE PERSON] spouse.
Is that correct?

- (1) Yes
 - (2) No
-

SPOUSE3- (DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Earlier I recorded
[SPOUSES NAME] was
[NAME OF REFERENCE PERSON] spouse.

You have just reported
[FIRST NAME, LAST NAME] is also
[NAME OF REFERENCE PERSON] spouse.

Which is correct?

- (1) [SPOUSES NAME] is the correct spouse. Change relationship entry of [FIRST NAME] [LAST NAME]
- (2) [FIRST NAME] [LAST NAME] is the correct spouse. Change relationship entry of [SPOUSES NAME]

-SPOUSE4-
Please turn to flashcard A.
What is [SPOUSES NAME]
relationship to [NAME OF REFERENCE PERSON]?

- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)

- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

-DAD1-
You have reported both
[DADS NAME]
and
[FIRST NAME] [LAST NAME]
are parents of
[NAME OF REFERENCE PERSON]

Is that correct?

- (1) No, change relationship to reference person code for [FIRST NAME] [LAST NAME]

- (2) No, change relationship to reference person code for
[DADS NAME]
(3) Yes, this is correct.
(One is natural father, one is step-father, for example)

-DAD2-

Please turn to flashcard A.

What is [FIRST NAME] [LAST NAME]
relationship to [NAME OF REFERENCE PERSON]?

- (21) Unmarried Partner
(22) Child
(23) Grandchild
(24) Parent (Mother/Father)
(25) Brother/Sister
(26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
(27) Foster Child
(28) Housemate/Roommate
(29) Roomer/Boarder
(30) Other Non-Relative of Reference Person

-MOM1-

You have reported both
[MOMS FIRST NAME] [MOMS LAST NAME]
and
[FIRST NAME] [LAST NAME]
are parents of
[NAME OF REFERENCE PERSON]

Is that correct?

- (1) No, change relationship to reference person code for
[FIRST NAME] [LAST NAME]
(2) No, change relationship to reference person code for
[MOMS FIRST NAME] [MOMS LAST NAME]
(3) Yes, this is correct.
(One is natural mother, one is step-mother, for example)
-

-MOM2-

Please turn to flashcard A.

What is [MOMS FIRST NAME] [MOMS LAST NAME]
relationship to [NAME OF REFERENCE PERSON]?

(21) Unmarried Partner

(22) Child

(23) Grandchild

(24) Parent (Mother/Father)

(25) Brother/Sister

(26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)

(27) Foster Child

(28) Housemate/Roommate

(29) Roomer/Boarder

(30) Other Non-Relative of Reference Person

-RPDAD-

Is [NAME OF REFERENCE PERSON] his biological, step, adopted or foster child?

(1) Biological or natural child

(2) Stepchild

(3) Adopted child

(4) Foster child

-RPMOM-

Is [NAME OF REFERENCE PERSON] her biological, step, adopted or foster child?

(1) Biological or natural child

(2) Stepchild

(3) Adopted child

(4) Foster child

-MORPER-

ASK IF NECESSARY:

Is anyone else living or staying here now?

(1) Yes

(2) No

-MSGPRSN- I have listed: READ ROSTER NAMES -- SHIFT-F3

I need to be certain that I have listed everyone who
usually lives at this address, so just to double check,
let me ask you, have I missed --

(1) Yes

(2) No

- Any babies or small children? @

- Any lodgers, boarders or persons you
employ who live here? @

- Anyone who usually lives here but is away now,
traveling for work or business, on vacation, or at
school or in a hospital? @

- Anyone else who usually lives here? @

-HHRESP-

ASK IF NECESSARY: With whom am I speaking?
ENTER LINE NUMBER

-LIVEAT-

Do all the persons I have now listed live or eat together?

(1) Yes

(2) No

-XACCESS-

Do the people who do not live or eat with
[NAME OF REFERENCE PERSON] have direct access
to a separate living arrangement, from the outside
or through a common hallway?

(1) Yes

(2) No

-TABLEX-

Enter the line numbers of the people who do not live or eat with this household.
ENTER (N) FOR NO MORE.

@ @ @ @
@ @ @ @

-OTHLIV-

Does any other household on the property live or eat with this household?

- (1) Yes
- (2) No

-ADDOTH-

** DO NOT READ TO RESPONDENT **

Redefine this unit (household) to include space occupied
by all persons who live or eat together.

PRESS F1 until MORPER to add additional people to the roster

-DOB-

What is [FIRST NAME] [LAST NAME] date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

ENTER MONTH:@

ENTER DAY:@

ENTER 4 DIGIT YEAR:@

-DOBA-

Would you say [FIRST NAME] [LAST NAME] is:

- (1) [LOWER AGE] years of age?
- (2) [HIGHER AGE] years of age?
- (N) Neither is correct

-VERAGE-

That would make [FIRST NAME] [LAST NAME] [CALCULATED AGE]
Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

-AGEGES-

ENTER YOUR BEST ESTIMATE OF
[FIRST NAME] [LAST NAME] AGE:

-MS-

Is [FIRST NAME] [LAST NAME] now married, widowed, divorced, separated or never married?

- (1) Married, SPOUSE PRESENT
- (2) Married, SPOUSE ABSENT

- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

-EVRWID-

Has [FIRST NAME] [LAST NAME] EVER been widowed?

- (1) Yes
- (2) No

-EVRDIV-

Has [FIRST NAME] [LAST NAME] EVER been divorced?

- (1) Yes
- (2) No

-LNSP-

ENTER LINE NUMBER OF [FIRST NAME] [LAST NAME] SPOUSE.
ASK IF NECESSARY

(N) No one listed

-SPSSX1- (DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct Line [fill L_NO]'s SEX entry
- (2) To correct Line [fill X]'s SEX entry
- (3) Neither SEX entry is incorrect

-SPSSX2-

You said [NAME OF SPOUSE 1]
is [NAME OF SPOUSE 2] spouse.
Is that correct?

- (1) Yes
- (2) No

-AFEVER-

Did [FIRST NAME] [LAST NAME] ever serve
on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

-AFWHEN-

When did [FIRST NAME] [LAST NAME] serve on active duty?

ENTER AS MANY TIME PERIODS AS APPLY.
ENTER (N) AFTER LAST REPORTED PERIOD.

FR PROMPT AFTER FIRST RESPONSE:

Did [FIRST NAME] [LAST NAME] serve on active duty any other times?

- (1) August 1990 to present (including Persian Gulf War)
- (2) September 1980 to July 1990
- (3) May 1975 to August 1980
- (4) Vietnam Era (Aug.'64 - April '75)
- (5) Other service (All other periods)

@ @ @ @ @

-AFNOW-

Is [FIRST NAME] [LAST NAME]
now on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

-EDUCA- SHOW FLASHCARD B

What is the highest level of school [FIRST NAME] [LAST NAME]
has completed or the highest degree he/she has received?

- | | |
|--|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
| (39) HIGH SCHOOL GRADUATE - high school DIPLOMA | |
| or equivalent (For example: GED) | |
| (40) Some college but no degree | |
| (41) Diploma or certificate from a vocational,technical, | |
| trade or business school beyond the High School level | |
| (42) Associate degree in college - Occupational/vocational program | |
| (43) Associate degree in college - Academic program | |

-EDUCB-

Has [FIRST NAME] [LAST NAME] completed high school by
means of a GED or other equivalency test or program?

- (1) Yes

(2) No

-LNMOM-

Is [FIRST NAME] [LAST NAME] mother a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE MOTHERS LINE NUMBER

-TYPMOM-

I recorded that [MOMS NAME] is the mother
of [CHILDS NAME].

Is [CHILDS NAME] her
biological, step, adopted or foster child?

- (1) Biological or natural child
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

-TYPMOM2-

Is [CHILDS NAME] also
[MOMS NAME]'s adopted child?

- (1) Yes
- (2) No

-LNDAD-

Is [CHILDS NAME]'s father a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE FATHERS LINE NUMBER

-TYPDAD-

I recorded that [DADS NAME] is the father
of [CHILDS NAME].

Is [CHILDS NAME] his
biological, step, adopted or foster child?

- (1) Biological or natural child
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

-TYPDAD2-

Is [CHILDS NAME] also
[FATHERS NAME]'s adopted child?

- (1) Yes
- (2) No

-LNGD-

Who in this household is responsible for [CHILDS NAME]?
Enter (N) if not listed below.

-RACE- SHOW FLASHCARD C

Which of the categories on this card best describes [FIRST NAME] [LAST NAME]'s race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

-OTHRAC-

Enter the specific race reported.

-ORIGIN-SHOW FLASHCARD D

Which of the categories on this card best describes
[FIRST NAME] [LAST NAME]'s origin or descent?

- | | | |
|---------------------|-------------------------------|--------------------------|
| (1) Canadian | (20) Mexican | (30) African-American or |
| (2) Dutch | (21) Mexican-American | Afro-American |
| (3) English | (22) Chicano | (31) American Indian, |
| (4) French | (23) Puerto Rican | Eskimo or Aleut |
| (5) French-Canadian | (24) Cuban | (32) Arab |
| (6) German | (25) Central American | (33) Asian |
| (7) Hungarian | (26) South American | (34) Pacific Islander |
| (8) Irish | (27) Dominican Republic | (35) West Indian |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | (39) Another group not listed | |
| | (11) Russian | |
| (12) Scandinavian | (40) American | |
| | (13) Scotch-Irish | |
| | (14) Scottish | |
| | (15) Slovak | |
| | (16) Welsh | |
| (17) Other European | | |

-SSN-

What is [FIRST NAME] [LAST NAME]'s
Social Security or Railroad Retirement Number?
(N) None -- Doesn't have an SSN or RRN

-CBSSN-

This information is especially important to the survey.
If I were to call you later do you think I might be able to
get the information then?

(1) Yes

(2) No

FILE E: LABOR FORCE, PART 1 - IDENTIFYING EMPLOYERS, BUSINESSES OWNED, ETC.

-LFINTRO-

This survey is about the economic situation of people living in the United States

We'll start with questions about [FIRST NAME] [LAST NAME]'s recent work activities.

We are interested in the past four months up to today, as
shown on this calendar. SHOW FLASHCARD E
So that would be from [MONTH1] 1st up to today.

PRESS ENTER TO CONTINUE

-PDJBTHN-

Did [FIRST NAME] [LAST NAME] have at least one paid job,
either full or part time, at anytime between
[fill MONTH1] 1st and today?

Count active duty in the Armed Forces as a paid job.

- (1) Yes
- (2) No

-NOPDJB-

Did [FIRST NAME] [LAST NAME] do any work at all that earned some money?

- (1) Yes
- (2) No

-JBORSE-

Was that for an employer or was [FIRST NAME] [LAST NAME]
self-employed or did he/she have some other arrangement?

(INTERVIEWER NOTE: Other arrangements include odd jobs,
on-call work, day labor, one-time jobs, and informal arrangements
like babysitting, lawn mowing, or leaf raking for neighbors.

- (1) Employer
 - (2) Self-Employed
 - (3) Both employer and self-employed
 - (4) Some other arrangement
 - (5) Not Sure or Don't Know
-

UNPAID-

Did [FIRST NAME] [LAST NAME] do any unpaid work in a family business or farm?

- (1) Yes
- (2) No

-NOWRK-

What is the main reason [FIRST NAME] [LAST NAME] did not work at a job or business between [MONTH1] 1st and today?

- (1) Temporarily unable to work because of an injury
- (2) Temporarily unable to work because of an illness
- (3) Unable to work because of chronic health condition or disability
- (4) Retired
- (5) Pregnancy/childbirth
- (6) Taking care of children/other persons
- (7) Going to school
- (8) Unable to find work
- (9) On layoff (temporary or indefinite)
- (10) Not interested in working at a job
- (11) Other

-ONOWRK-

ENTER THE SPECIFIC "OTHER" REASON DID NOT WORK

-WCYN3-

Between [MONTH1] 1st and today, did he/she receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-UECYN3-

Between [MONTH1] 1st and today, did he/she receive any type of unemployment payments?

- (1) Yes
 - (2) No
-

UECYNTP3-
What type was it?
ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

@1 @2 @3

-LAYOFF-
Did [FIRST NAME] [LAST NAME] spend any time on layoff from a
job since [fill MONTH1] 1st?

- (1) Yes
- (2) No

-LAYDT-
When [FIRST NAME] [LAST NAME] was laid off,
did his/her employer give him/her a date to return to work?

- (1) Yes
- (2) No

-LAY6M-
Was he/she given any indication
that he/she would be recalled to work within
6 months of being laid off?

- (1) Yes
- (2) No

-LKWRK-
Did [FIRST NAME] [LAST NAME] spend any time looking for work
since [MONTH1] 1st?

- (1) Yes
 - (2) No
-

WKSLKG-

In which weeks was [FIRST NAME] [LAST NAME]
looking for work (or on layoff from a job)?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY
OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.

ENTER (A) IF ALL WEEKS.

ENTER (N) AFTER LAST REPORTED WEEK

1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

@@@@@
@@@@@
@@@@@

-TAKJOB-

Could [FIRST NAME] [LAST NAME] have started a job
(or returned to the one he/she was laid off from)
during any of those weeks?

- (1) Yes
- (2) No

-NOTAKE-

Why was that?

- (1) Waiting for a new job to begin
- (2) Own temporary illness
- (3) School
- (4) Other

-EMPNUM-

How many employers did [FIRST NAME] [LAST NAME] have
between [MONTH1] 1st and today?

-CONCHK1-

Did [FIRST NAME] [LAST NAME] have a definite arrangement with
one or more employers to work on an ongoing basis?

- (1) Yes
- (2) No
- (3) Not Sure or Don't Know

-EMPNUM2-

How many employers did [FIRST NAME] [LAST NAME] have

between [MONTH1] 1st and today?

-EMPNUM2A-

How many employers did [FIRST NAME] [LAST NAME] have
between [MONTH1] 1st and today?

Enter "N" for None.

-CONCHK2-

Did [FIRST NAME] have a definite arrangement with
any of his/her [NUMBER OF EMPLOYERS] employers to work on an ongoing basis?

- (1) Yes
- (2) No
- (3) Not Sure or Don't Know

-WRKTYPE-

Did [FIRST NAME] [LAST NAME] generally do the same type of work for
his/her [NUMBER OF EMPLOYERS] employers?
(READ IF NECESSARY: For example: construction work, private
household work, sales, consulting.)

- (1) Yes
- (2) No

-EMPNAM-

What is the name of that employer (one of the employers)?

-STRTJB-

Did [FIRST NAME] [LAST NAME] begin his/her employment
with [EMPLOYER NAME] at some time between [MONTH1] 1st and today?

- (1) Yes
- (2) No

-STRTREFP-

Please tell me the month and day [FIRST NAME] [LAST NAME] began.

MONTH: @
DAY: @

-STRTBEFR-

Please tell me the year [FIRST NAME] [LAST NAME] began.

YEAR: @

-STRTMONJB-

And in what month was that?

MONTH: @

-STR TJYR-

What is your BEST estimate of the year when
[FIRST NAME] began employment with
[EMPLOYER NAME]?

YEAR @

-STR TJMTH-

What is your BEST estimate of the month [FIRST NAME] began?

MONTH @

-STR TJDY-

What is your BEST estimate of the day of the month
when [FIRST NAME] began?

DAY @

-BEFORE-

Was it before [MONTH1] 1st?

(1) Yes

(2) No

-STLEMP-

Does he/she still work for this employer?

(1) Yes

(2) No

ENDJB-

When did his/her employment with [EMPLOYER NAME] end?

MONTH @

DAY @

-ENDJMT-

What is your best estimate of the month
when [FIRST NAME] [LAST NAME] ended employment with [EMPLOYER NAME]?

MONTH @

-ENDJDY-

What is your best estimate of the day of the month when
[FIRST NAME] [LAST NAME] ended employment with [EMPLOYER NAME]?

DAY @

-RSEND-

What is the main reason he/she stopped working for [EMPLOYER NAME]?

- (1) On Layoff
- (2) Retirement or old age
- (3) Childcare problems
- (4) Other family/personal obligations
- (5) Own Illness
- (6) Own Injury
- (7) School/Training
- (8) Discharged/Fired
- (9) Employer Bankrupt
- (10) Employer sold business
- (11) Job was temporary and ended
- (12) Quit to take another job
- (13) Slack work or business conditions
- (14) Unsatisfactory work arrangements (hours, pay, etc.)
- (15) Quit for some other reason

-WCYN1-

Between [MONTH1] 1st and today, did he/she receive any
money from workers' compensation as a result of any kind of job-
related injury or illness from this job or any other job?

- (1) Yes
- (2) No

-UECYN1-

Between [MONTH1] 1st and today, did he/she

receive any type of unemployment payments related to this
job or any other job?

- (1) Yes
- (2) No

-UECYNTP1-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

@@@

-ALLBUSNUM-

How many businesses did [FIRST NAME] [LAST NAME]
have, alone or jointly, between [MONTH1] 1st and today?

FR NOTE: CONSIDER A PROFESSIONAL PRACTICE OR A FARM TO BE A BUSINESS.

-ADVRTS-

Did [FIRST NAME] [LAST NAME] use paid advertising for any of these businesses?

- (1) Yes
- (2) No

-POB-

Did [FIRST NAME] [LAST NAME] maintain an office, store,
or other place of business?

- (1) Yes
- (2) No

-CAPITAL-

Did [FIRST NAME] [LAST NAME] use specialized equipment
for any of these businesses?

- (1) Yes
- (2) No

-ALLBUS-

What is the name of the business (one of the businesses)?

-REALBIZ-

Did [FIRST NAME] [LAST NAME] take an active part in
this business or did he/she own it as an investment only?

- (1) Active participant
- (2) Both participant and investment
- (3) Investment only

-STRTBUS-

Did [FIRST NAME] [LAST NAME] start [BUSINESS NAME]
at some time between [MONTH1] 1st and today?

- (1) Yes
- (2) No

-STRTBSRP-

Please tell me the month and day [FIRST NAME] [LAST NAME] started this business.

MONTH: @
DAY: @

-STRTBSBF-

Please tell me the year [FIRST NAME] [LAST NAME] started this business.

YEAR: @

-STRTMONBS-

And in what month was that?

MONTH: @

-STRTBYR-

(BUSINESS = [BUSINESS NAME])

What is your BEST estimate of the year when
[FIRST NAME] [LAST NAME] started this business?

YEAR @

-STRTBMTH-

(BUSINESS = [BUSINESS NAME])

What is your BEST estimate of the month
when [FIRST NAME] [LAST NAME] started this business?

MONTH @

-STRTBDY-
(BUSINESS = [BUSINESS NAME])

What is your BEST estimate of the day of the month
when [FIRST NAME] [LAST NAME] started this business?

DAY @

-BEFORE2-
Was it before [MONTH1] 1st?

- (1) Yes
- (2) No

-BIZNOW-
Does [FIRST NAME] [LAST NAME] still own this business?

- (1) Yes
- (2) No

-ENDBS-
When was the last day that [FIRST NAME] [LAST NAME] had this business?

MONTH @
DAY @

-ENDBMTH-
What is your best estimate of the last month
when [FIRST NAME] [LAST NAME] was self-employed in
this business (professional practice/farm)?

MONTH @

ENDBDY-

What is your best estimate of the last day when
[FIRST NAME] [LAST NAME] was self-employed in
this business (professional practice/farm)?

DAY @

-REND-

(BUSINESS = [BUSINESS NAME])

What is the main reason he/she gave up or ended this business (professional practice or farm)?

- (1) Retirement or old age
- (2) Childcare Problems
- (3) Other Family/Personal Problems
- (4) Own Illness
- (5) Own Injury
- (6) School/Training
- (7) Went Bankrupt/Business Failed
- (8) Sold Business or Transferred Ownership
- (9) To start other business/take job
- (10) Season ended for a Seasonal Business
- (11) Quit for Some Other Reason

-OENDB-

ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

-WCYN2-

Between [MONTH1] 1st and today, did he/she receive any
money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-LNGJOB-

For which of these [NUMBER OF EMPLOYERS] employers
did he/she work the most hours between [MONTH1] 1st and today?

-LNGJOB2-

For which of these employers did he/she work the next most hours between
[MONTH1] 1st and today?

INTRJ-

The next questions refer to [FIRST NAME] [LAST NAME]'s
employment with [NAME OF EMPLOYER].

PRESS ENTER TO CONTINUE

-CLWRK-

ASK OR VERIFY

Is [NAME OF EMPLOYER]:

- (1) A Government organization (includes Armed Forces)
- (2) A Private, For Profit, Company
- (3) A Non-Profit Organization, including tax exempt and charitable organizations
- (4) A family business or farm

-FAMWRK-

Was [FIRST NAME] [LAST NAME] paid for his/her
work in the family business or farm?

- (1) Yes
- (2) No

-KINDG-

(EMPLOYER = [NAME OF EMPLOYER])

ASK OR VERIFY

Was that Federal Government, State Government,
or Local Government or active-duty Armed Forces?

- (1) Federal (civilian only)
- (2) State
- (3) Local (County, City, Township)
- (4) Armed Forces (active duty only)

-FNCGV-

(EMPLOYER = [NAME OF EMPLOYER])

What was the main function or activity of the
government organization that [FIRST NAME] [LAST NAME] worked for?

-KNDIN-
(EMPLOYER = [NAME OF EMPLOYER])

What kind of business or industry is this?

What do they make or do there?

-TYPIN-
(EMPLOYER = [NAME OF EMPLOYER])

ASK OR VERIFY

Is it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else?

-KNDWK-
(EMPLOYER = [NAME OF EMPLOYER])

What kind of work did he/she
do, that is, what was his/her occupation?

READ IF NECESSARY: For example: Bookkeeper, plumber, press operator

-ACTVT-
(EMPLOYER = [NAME OF EMPLOYER])

What were his/her usual activities or duties on this job?

READ IF NECESSARY: For example: Keeping account books,
repairing pipes, operating printing press

-YRSINOC-
(EMPLOYER = [NAME OF EMPLOYER])

Considering his/her entire working-life, how many
years has [FIRST NAME] [LAST NAME] been in this
occupation or line of work?

@

- (1) MONTHS
- (2) YEARS

@

-JOBHRS-
(EMPLOYER = [NAME OF EMPLOYER])

During the weeks that [FIRST NAME] [LAST NAME] worked between
[MONTH1] and the end of [MONTH4],
how many hours per week did [FIRST NAME] [LAST NAME]
usually work at all activities for [NAME OF EMPLOYER]?

-PAYHR-
(EMPLOYER = [NAME OF EMPLOYER])

Was he/she paid by the hour?

- (1) Yes
 - (2) No
-

-PYRAT-
(EMPLOYER = [NAME OF EMPLOYER])

What was his/her regular hourly pay rate
at the end of [MONTH4] (or when he/she left the job)?

@Dollars and@ Cents

-PYPER-
(EMPLOYER = [NAME OF EMPLOYER])
How often was he/she paid?

(READ CATEGORIES IF NECESSARY)

- (1) Once a week
 - (2) Once every 2 weeks
 - (3) Once a month
 - (4) Twice a month
 - (5) Unpaid in a family business or farm
 - (6) On commission
 - (7) Some other way
-

-OTHPY-
(EMPLOYER = [NAME OF EMPLOYER])
SPECIFY THE "OTHER" PAY PERIOD

-LSTPY-
(EMPLOYER = [NAME OF EMPLOYER])

On what date was [FIRST NAME] [LAST NAME] last paid?

(N) Not yet paid
MONTH @
DAY @

-UNION-
(EMPLOYER = [NAME OF EMPLOYER])

On this job was [FIRST NAME] [LAST NAME]
a member of either a labor union or an employee association like a union?

- (1) Yes
(2) No

-CNTRC-
(EMPLOYER = [NAME OF EMPLOYER])

Was he/she covered by a union or employee association contract?

- (1) Yes
(2) No

-EMPLOC-
(ASK IF NECESSARY)

Does [NAME OF EMPLOYER] operate in more than one location?

- (1) Yes
(2) No

-EMPALL-
(ASK IF NECESSARY)

About how many persons are employed by
[NAME OF EMPLOYER] at ALL LOCATIONS?

(READ CATEGORIES)

- (1) Under 25
(2) 25 to 99
(3) 100 to 499

- (4) 500 to 999
(5) 1,000 or more

-EMPSIZE-

About how many persons are employed by
[NAME OF EMPLOYER] at the location where
[FIRST NAME] [LAST NAME] works (worked)?
(READ CATEGORIES IF NECESSARY)

- (1) Under 25
(2) 25 to 99
(3) 100 to 499
(4) 500 to 999
(5) 1,000 or more

-BIGBUS-

NOTE TO FR: ANSWERS ARE LIMITED TO THE BUSINESSES DISPLAYED
BELOW WHICH WERE OPERATED DURING THE REFERENCE PERIOD.

I recorded that [FIRST NAME] [LAST NAME] had [NUMBER OF BUSINESSES]
businesses between [MONTH1] 1st and the end of [MONTH4].

Which 2 of these businesses produced the highest
earnings before expenses during this time period?

@ @

-INTRB-

The next questions refer to [FIRST NAME] [LAST NAME]'s business
[BUSINESS NAME].

PRESS ENTER TO CONTINUE

-KNDBS-

(BUSINESS = [BUSINESS NAME])

READ IF NECESSARY:

What kind of business is this?
What does the business do or make?

-TYPBS-
(BUSINESS = [BUSINESS NAME])

ASK OR VERIFY

Is it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else?

-OCCBS-
(BUSINESS = [BUSINESS NAME])

What kind of work does (did) [FIRST NAME] [LAST NAME] do,
that is, what is (was) his/her occupation?
READ IF NECESSARY: For example: sales manager, dentist, farmer

-DUTYB-
(BUSINESS = [BUSINESS NAME])

What were his/her usual activities or duties in this business?
READ IF NECESSARY: For example: managing sales staff, repairing teeth, farming

-HRSBS-
(BUSINESS = [BUSINESS NAME])

During the weeks [FIRST NAME] [LAST NAME] worked between [MONTH1] 1st
and the end of [MONTH4], how many hours per week did [FIRST NAME] [LAST NAME]
usually work AT ALL ACTIVITIES for [BUSINESS NAME]?

-GRSSB-
(BUSINESS = [BUSINESS NAME])

Do you think the earnings before expenses from
this business were \$2500 or more over the last 12 months
that he/she owned the business?

- (1) Yes
 - (2) No
-

-GROSB-
(BUSINESS = [BUSINESS NAME])

Do you think that the earnings before expenses from
this business will be \$2500 or more during the next 12 months?

- (1) Yes
- (2) No

-LSTBS- BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS
[bold]** DO NOT READ TO RESPONDENT **[n]

Have questions about the number of employees, and whether or not the
business is incorporated already been answered by somebody for this
business: [BUSINESS NAME]?

- (1) Yes
- (2) No

-EMPB-
(BUSINESS = [BUSINESS NAME])

Between [MONTH1] 1st and the end of [MONTH4],
what was the maximum number of employees,
including [FIRST NAME] [LAST NAME], working for this business
at any one time?

READ IF NECESSARY:

- (1) Under 25
- (2) 25 to 99
- (3) 100 to 499
- (4) 500 to 999
- (5) 1,000 or more

-INCPB-
(BUSINESS = [BUSINESS NAME])

Is (Was) this business incorporated?

- (1) Yes
 - (2) No
-

-PROPB-
(BUSINESS = [BUSINESS NAME])

Did [FIRST NAME] [LAST NAME] own this business himself/herself
or was it a partnership?

- (1) Alone
- (2) Partnership

-HPRTB-
(BUSINESS = [BUSINESS NAME])

Was any other member of this household
an owner or partner in this business?

- (1) Yes
- (2) No

-PARTB-
(BUSINESS = [BUSINESS NAME])

Who was that?

(N) No More

@ @ @

-SLRYB-
(BUSINESS = [BUSINESS NAME])

Did [FIRST NAME] [LAST NAME] draw a
regular salary from this business?

- (1) Yes
- (2) No

-OINCB-
(BUSINESS = [BUSINESS NAME])

Did [FIRST NAME] [LAST NAME] receive any other
income from this business between [MONTH1] 1st
and the end of [MONTH4]?

- (1) Yes
- (2) No

-CONWKSWRK-
Please look at the calendar. In which weeks did

[FIRST NAME] [LAST NAME] work at a job or business or do
any work at all for pay or profit?
(ENTER THE NUMBERS OF THE WEEKS)
(ENTER (A) IF ALL WEEKS)
(ENTER (N) FOR NONE/NO MORE WEEKS TO ENTER)

1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

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@@@@@

-FPAWOP-
HAND RESPONDENT THE CALENDAR

Between [MONTH1] 1st and the end of [MONTH4],
were there any full weeks, Sunday through Saturday,
when [FIRST NAME] [LAST NAME] did not work at all?

- (1) Yes
- (2) No

-FPAWAY-
Did [FIRST NAME] [LAST NAME] get paid for ALL those weeks he/she did not work?

- (1) Yes
 - (2) No
-

-FPABWK-

Please look at the calendar. Which weeks was
[FIRST NAME] [LAST NAME] absent the whole week without pay?

ENTER THE NUMBERS OF THE WEEKS ABSENT

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST WEEK IS ENTERED

- 1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

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@@@@@

-FPABRE-
What was the main reason [FIRST NAME] [LAST NAME] [fill WASWERE]
absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
(2) Slack work or business conditions
(3) Own injury
(4) Own illness/medical problems
(5) Pregnancy/childbirth
(6) Taking care of children
(7) On vacation/personal days
(8) Bad weather
(9) Labor dispute
(10) New job to begin within 30 days
(11) Participated in a job-sharing arrangement
(12) Other

-FPOTHR-
ENTER THE SPECIFIC "OTHER" REASON ABSENT WITHOUT PAY

-WCYN4-
Did he/she receive any money from workers' compensation
as a result of any kind of job-related injury or illness?

- (1) Yes
(2) No

-UECYN4-

Did he/she receive any type of unemployment payments?

- (1) Yes
- (2) No

-UECYNTP4-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc)

@ @ @

-PPAWOP-

HAND RESPONDENT THE CALENDAR

Between [MONTH1] 1st and the end of [MONTH4], there were some weeks when he/she did not have a job or business, and some weeks when he/she did. During the weeks when he/she DID have one, were there any FULL weeks, Sunday through Saturday, when he/she did not work at all?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM, READ THE RESPONDENT THE FOLLOWING WEEKS:

- 1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
- 2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
- 3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
- 4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
- 5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
- 6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

- (1) Yes
- (2) No

-PPAWAY-

Did [FIRST NAME] [LAST NAME] get paid for ALL those weeks he/she did not work?

- (1) Yes
 - (2) No
-

-PPABWK-

Please look at the calendar. Which of these weeks [fill WASWERE]
he/she absent the whole week without pay?

ENTER THE NUMBERS OF THE WEEKS ABSENT

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST WEEK IS ENTERED

- | | | |
|------------|--------------|--------------|
| 1.[WEEK 1] | 7.[WEEK 7] | 13.[WEEK 13] |
| 2.[WEEK 2] | 8.[WEEK 8] | 14.[WEEK 14] |
| 3.[WEEK 3] | 9.[WEEK 9] | 15.[WEEK 15] |
| 4.[WEEK 4] | 10.[WEEK 10] | 16.[WEEK 16] |
| 5.[WEEK 5] | 11.[WEEK 11] | 17.[WEEK 17] |
| 6.[WEEK 6] | 12.[WEEK 12] | 18.[WEEK 18] |

@@@@@
@@@@@
@@@@@

-PPABRE-

What was the main reason [FIRST NAME] [LAST NAME] [fill WASWERE]
absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
- (2) Slack work or business conditions
- (3) Own injury
- (4) Own illness/medical problems
- (5) Pregnancy/childbirth
- (6) Taking care of children
- (7) On vacation/personal days
- (8) Bad weather
- (9) Labor dispute
- (10) New job to begin within 30 days
- (11) Participated in a job-sharing arrangement
- (12) Other

-WCYN5-

Did he/she receive any money from workers' compensation
as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

-UECYN5-

Did he/she receive any type of unemployment payments?

- (1) Yes
 - (2) No
-

-UECYNTP5-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

@ @ @

-PPLOOK-

Now let's talk about the weeks between [MONTH1] 1st and
the end of [MONTH4] when [FIRST NAME] [LAST NAME] did NOT
have a job or a business.

During THOSE weeks, did he/she spend any time
on layoff from a job?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE
FROM, READ THE RESPONDENT THE FOLLOWING WEEKS:

- 1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
- 2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
- 3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
- 4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
- 5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
- 6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

- (1) Yes
- (2) No

-PPLAYDT-

When [FIRST NAME] [LAST NAME] was laid off, did
his/her employer give him/her a date to return to work?

- (1) Yes
- (2) No

-PPLAY6M-

Was he/she given any indication
that he/she would be recalled to work within 6
months of being laid off?

- (1) Yes
 - (2) No
-

-PPLKWRK-

During those weeks did [FIRST NAME] [LAST NAME] spend any time looking for work?

(1) Yes

(2) No

-PPLKWK-

In which of those weeks was
[FIRST NAME] [LAST NAME] looking for work (or on layoff)?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY
ONE DAY OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST REPORTED WEEK

1.[WEEK 1]7.[WEEK 7]13.[WEEK 13]
2.[WEEK 2]8.[WEEK 8]14.[WEEK 14]
3.[WEEK 3]9.[WEEK 9]15.[WEEK 15]
4.[WEEK 4]10.[WEEK 10]16.[WEEK 16]
5.[WEEK 5]11.[WEEK 11]17.[WEEK 17]
6.[WEEK 6]12.[WEEK 12]18.[WEEK 18]

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-PPTAKJOB-

Could [FIRST NAME] [LAST NAME] have started a job during
those weeks if one had been offered (or could he/she
have returned to work if he/she had been recalled)?

(1) Yes

(2) No

-PPNOTAKE-

Why was that?

(1) Waiting for a new job to begin

(2) Own temporary illness

(3) School

(4) Other

-NOTHER-
ENTER THE SPECIFIC "OTHER" REASON COULD NOT TAKE JOB

-SOMWRK-
During the weeks that [FIRST NAME] [LAST NAME] did not
have a job or a business, did he/she do
any work at all that earned some money?

- (1) Yes
(2) No
-

-MTHWRK-
In which of the months [MONTH1] through
[MONTH4] did he/she do that work?

ENTER (1) BY MONTH IF WORKED
ENTER (0) BY MONTH IF NOT WORKED

[MONTH1]: @
[MONTH2]: @
[MONTH3]: @
[MONTH4]: @

-WCYN6-
Did he/she receive any money from workers' compensation
as a result of any kind of job-related injury or illness?

- (1) Yes
(2) No
-

-UECYN6-
Did he/she receive any type of unemployment payments?

- (1) Yes
(2) No
-

-UECYNTP6-
What type was it?
ENTER (N) FOR NO MORE

- (1) State unemployment compensation
(2) Supplemental unemployment benefits
(3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

@ @ @

-PTWRK-
(Just counting the weeks that he/she worked between

[MONTH1] 1st and the end of [MONTH4])
were there any weeks when he/she worked less than 35 hours?

NOTE: INCLUDE HOURS WORKED AT ALL JOBS/BUSINESSES

- (1) Yes
- (2) No

-PTRESN-

I have recorded that there were weeks in which [FIRST NAME] [LAST NAME]
worked less than 35 hours. What was the main reason he/she
worked less than 35 hours in those weeks?

- (1) Could not find full-time job
- (2) Wanted to work part-time
- (3) Temporarily unable to work full-time because of injury
- (4) Temporarily unable to work full-time because of illness
- (5) Unable to work full-time because of chronic health condition/disability
 - (6) Taking care of children/other persons
 - (7) Full-time workweek is less than 35 hours
 - (8) Slack work or material shortage
 - (9) Participated in a job-sharing arrangement
 - (10) On vacation
 - (11) In school
 - (12) Other

-PTRESNB-

What was the main reason [FIRST NAME] [LAST NAME] worked
less than 35 hours in those weeks?

- (1) Could not find full-time job
 - (2) Wanted to work part-time
 - (3) Temporarily unable to work full-time because of injury
 - (4) Temporarily unable to work full-time because of illness
 - (5) Unable to work full-time because of chronic health condition/disability
 - (6) Taking care of children/other persons
 - (7) Full time workweek is less than 35 hours
 - (8) Slack work or material shortage
 - (9) Participated in a job-sharing arrangement
 - (10) On vacation
 - (11) In school
 - (12) Other
-

-PTSPEC-
ENTER THE SPECIFIC "OTHER" REASON FOR PART TIME WORK

-SITNOWCT-
ASK OR VERIFY
Does he/she work at a job,
a business, or something else to earn money NOW?

- (1) Yes
 - (2) No
 - (3) Not sure or Don't know
-

-SITNOW-
What best describes his/her situation now?
READ ALL ANSWERS

- (1) Looking for work
 - (2) On layoff from a job
 - (3) Waiting for a new job to begin
 - (4) Retired
 - (5) Taking care of home and family (including pregnancy)
 - (6) In school
 - (7) Not able to work because of illness or disability
 - (8) Or something else?
-

-OTHSIT-
ENTER THE SPECIFIC "OTHER" SITUATION

-LAYEMP-
What is the name of the employer from which
[FIRST NAME] [LAST NAME] is on layoff?

-DISABL-
Does [FIRST NAME] [LAST NAME] have a physical,
mental or other health condition that limits the
kind or amount of work he/she can do?

- (1) Yes
 - (2) No
-

-DISPREV-

Does [FIRST NAME] [LAST NAME]'s health or condition prevent
him/her from working at a job or business?

(1) Yes

(2) No

-EVERET-

Has he/she ever retired, for any reason,
from a job or business (including military retirement)?

(1) Yes

(2) No

**FILE F: GENERAL INCOME PART 1 - IDENTIFYING SOURCES OF 'OTHER' INCOME
(MOSTLY PROGRAMS)**

-OTHINT-

That completes the questions about [FIRST NAME] [LAST NAME] 's
work situation. Next are questions about any other sources
of income [FIRST NAME] [LAST NAME] might have.

Remember we are talking about [MONTH1] 1st
up until today.

PRESS ENTER TO CONTINUE

-LMPNOW-

Did [FIRST NAME] [LAST NAME] receive any severance pay or
lump sum payments from a pension or retirement
plan when he/she left his/her job(s)?

- (1) Yes
 - (2) No
-

-LMPFUTR-

Does [FIRST NAME] [LAST NAME] ever expect to receive
any such payments from that job?

- (1) Yes
 - (2) No
-

-LUMPTYP-

What type of payment?

ENTER (N) FOR NONE/NO MORE

- (1) Lump sum from pension/retirement plan
 - (2) Severance pay
 - (3) Deferred payment(s) payable at some later date
 - (4) Something else
- @ @ @ @
-

-LMPELSE-

What kind of other payment was it?

-VAYN-

Exclude regular military retirement pay,
insurance proceeds, and GI Bill benefits.

Did [FIRST NAME] [LAST NAME] receive any payments from the
Department of Veterans Affairs (VA)?

(1) Yes

(2) No

-SSYN-

Did [FIRST NAME] [LAST NAME] receive any
Social Security payments?

(1) Yes

(2) No

-SSCLDYN-

Did [FIRST NAME] [LAST NAME] receive any Social Security payments
on behalf of: READ NAME(S) OF CHILD(REN)

(1) Yes (2) No @

Did [FIRST NAME] [LAST NAME] receive any Social Security payments
for himself/herself?

(1) Yes (2) No @

-SSIYN-

Did [FIRST NAME] [LAST NAME] receive any income from
a program called Supplemental Security Income, that is SSI?

(1) Yes

(2) No

-SSICLDYN-

Did [FIRST NAME] [LAST NAME] receive any Supplemental
Security Income (SSI) on behalf of: READ NAME(S) OF CHILD(REN)

(1) Yes (2) No @

Did [FIRST NAME] [LAST NAME] receive any income from Supplemental
Security Income (SSI) for himself/herself?

(1) Yes (2) No @

-STSSIYN-

Did [FIRST NAME] [LAST NAME] also receive a SEPARATE SSI payment
from the State or local welfare office?

- (1) Yes
- (2) No

-DISYN-

Earlier I recorded that [FIRST NAME] [LAST NAME] has
a health condition which limits the kind or amount of
work [FIRST NAME] [LAST NAME] can do. Did [FIRST NAME] [LAST NAME]
receive any income (other than those already reported)
because of [FIRST NAME] [LAST NAME]'s health condition?

- (1) Yes
- (2) No

-DISTYP- What kind of income was that?
Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Workers' Compensation
- (2) Payments from a sickness, accident, or disability
insurance policy purchased on your own
- (3) Employer disability payments
- (4) Pension from company or union including income from profit-sharing plans
- (5) Federal Civil Service or other Federal civilian employee pension
- (6) State government pension
- (7) Local government pension
- (8) U.S. Military retirement pay exclude payments from the
Department of Veterans Affairs (VA)
- (9) U.S. Government Railroad Retirement
- (10) Black Lung payments
- (11) Other

@ @ @ @ @ @ @ @ @ @

-OTHRTYPE-

What was the specific "other" source of the income
[FIRST NAME] [LAST NAME] received because of his/her health condition?

-RETYN-

Earlier I recorded that [FIRST NAME] [LAST NAME] retired from a previous job. (Other than income already mentioned,) did [FIRST NAME] [LAST NAME] receive any retirement income?

(1) Yes

(2) No

-RETTYP-

What kind of income was that?
Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Federal Civil Service or other Federal civilian employee pension
- (3) State government pension
- (4) Local government pension
- (5) U.S. Military retirement pay exclude payments from the Department of Veterans Affairs (VA)
- (6) U.S. Government Railroad Retirement
- (7) National Guard or Reserve Forces retirement
- (8) Other

@@@@@@@@

-RETOTHR-

What is the specific "other" source of the retirement income that [FIRST NAME] [LAST NAME] received.

-LIFEYN-

Did [FIRST NAME] [LAST NAME] receive any REGULAR retirement income from a paid-up life insurance policy or any other annuities?

(1) Yes

(2) No

-SURYN-

(Other than income already mentioned) did [FIRST NAME] [LAST NAME] receive any income as a result of being a widow(er)?

(1) Yes

(2) No

-SURTYP- What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Veterans' compensation or pension
- (3) Federal Civil Service or other Federal civilian employee pension
- (4) U.S. Government Railroad Retirement
- (5) State government pension
- (6) Local government pension
- (7) Income from paid-up life insurance policies or annuities
- (8) U.S. Military retirement pay. Exclude payments from the Department of Veterans Affairs (VA)
- (9) Black Lung benefits
- (10) Worker's Compensation
- (11) Payments from estate or trust
- (12) National Guard or Reserve Forces retirement
- (13) Other

@@@@@@@@@@@@

-SUROTH-

What was the specific "other" source of income
[FIRST NAME] [LAST NAME] received as a widow(er)?

-FCCYN-

Did [FIRST NAME] [LAST NAME] receive any foster child care?

- (1) Yes
- (2) No

-CSAGREE-

Have support payments ever been court ordered or
informally agreed to for [FIRST NAME] [LAST NAME]'s child(ren)?

- (1) Yes
- (2) No

-CSYN-

Did [FIRST NAME] [LAST NAME] receive any kind of financial
support payments from the child(ren)'s other parent?

- (1) Yes
 - (2) No
-

-ALIYN-

Did [FIRST NAME] [LAST NAME] receive any
alimony payments (other than child support)?

- (1) Yes
- (2) No

-FSYN-

Was [FIRST NAME] [LAST NAME] (or his/her wife/husband)
authorized to receive food stamps?

- (1) Yes
- (2) No

-WICYN-

Is [FIRST NAME] [LAST NAME] on WIC, the Women,
Infants, and Children nutrition program?

- (1) Yes
- (2) No

-PATYN-

Did [FIRST NAME] [LAST NAME] receive any AFDC, welfare, or public assistance?

- (1) Yes
- (2) No

-PATYP-

Did [FIRST NAME] [LAST NAME] receive:

READ ALL CATEGORIES. ENTER (N) FOR NONE/NO MORE

- (1) AFDC
- (2) General Assistance or General Relief
- (3) Energy Assistance Program
- (4) Other

@ @ @ @

-PAOTHR-

What was the specific "other" source of public
assistance income?

-PSSTHRU-

Did [FIRST NAME] [LAST NAME] receive ANY
child support as a bonus or pass through from AFDC?

- (1) Yes
- (2) No

-NOINC-

Did [FIRST NAME] [LAST NAME] receive non-job income from some source
we have not covered, such as financial help from someone
outside this household, payments from the government, or anything else?

- (1) Yes
- (2) No

-INCLIST- I have recorded that, between [MONTH1] 1st and today,
[FIRST NAME] [LAST NAME] had the following sources of non-job income:
(READ NAMES OF INCOME SOURCES)

Have I listed anything that SHOULD NOT be there?

- (1) Yes
- (2) No

-ERRSRC-

Which of these?

ENTER (N) FOR NONE/NO MORE

@ @ @ @ @ @

-ANYOTH-

Did [FIRST NAME] [LAST NAME] receive non-job income from any other source,
such as financial help from someone outside the household,
payments from the government, or anything else?

NOTE TO FR: DO NOT ANSWER 'YES' FOR ANY TYPES OF
ASSET-BASED INCOME, WHICH WILL BE COVERED IN THE NEXT SECTION.

- (1) Yes
 - (2) No
-

-OTHSRCE-

What kind of income did [FIRST NAME] [LAST NAME] receive?
Anything else?

ENTER NUMERIC CODE OF INCOME SOURCE REPORTED
ENTER (N) FOR NONE/NO MORE

@ @ @ @

FILE G: ASSETS, PART 1 - IDENTIFYING OWNERSHIP OF INCOME PRODUCING ASSETS

-ASSTINT-

These next questions are about assets that provide income.
[bold]PRESS "ENTER" TO CONTINUE[n]

-ASSET1- During the period from [MONTH1] 1st through today,
did [FIRST NAME] [LAST NAME] own, either alone or jointly, any of
the following: (SHOW FLASHCARD F) READ ALL CATEGORIES

- (1) Yes (2) No (N) No Assets
- @ U.S. Government savings bonds (E or EE)?
 - @ An IRA or Keogh account?
 - @ A 401k or thrift plan?
 - @ An interest earning checking account?
 - @ A savings account?
 - @ A money market deposit account?
 - @ A certificate of deposit (CD)?
 - @ Mutual funds?
 - @ Stocks?
 - @ Municipal or corporate bonds?
 - @ U.S. Government securities?
 - @ Mortgages from which payments are received?
 - @ Rental property?
 - @ Royalties?
 - @ Any other financial investments not already mentioned?

-OTHFIN- Enter the "other financial investment"

-ASETDRAW-

Has [FIRST NAME] [LAST NAME] received any lump sum or
regular distribution payments from his/her -

IRA/KEOUGH/401K/THRIFT PLAN
since [MONTH1] 1st?

- (1) Lump sum
 - (2) Regular distribution
 - (3) Both
 - (4) No, no payments received
-

FILE H: LABOR FORCE, PART 2 - INCOME RECEIVED FROM JOBS/BUSINESSES

-PYRCV-

The next questions are about the income [FIRST NAME] [LAST NAME]
received from his/her job with [NAME OF EMPLOYER]

The questions ask about his/her gross income BEFORE any
deductions for taxes, health insurance, and so on.

PRESS ENTER TO CONTINUE

-P1M4-

Each time he/she was paid by [NAME OF EMPLOYER]
in [MONTH4], how much did he/she receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month

(A) Annual - respondent reports an annual salary

(C) Calculate - Respondent reports hourly wages and hours worked

@

ENTER GROSS AMOUNTS RECEIVED IN [MONTH4].

(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

@ (NOTE:)

@ (EXPECT _ PAYDAYS)

@

@

@

-FOLLOW4-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

-MOREPAY4-

Please tell me the other payments you received in
[MONTH4] from [NAME OF EMPLOYER].

ENTER (N) FOR NONE OR NO MORE.

@

@

@

@

-MTOT4VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH4],
\$[TOTAL],
is unusually large.

If the amount is correct, enter P to proceed.
If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

-CALC41-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC41VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER P TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY41-

I have recorded that his/her earnings for [MONTH4] are:

[TOTAL]

[NOTE:]
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

- (1) Yes
- (2) No

-CALC42-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

-CALC42VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER P TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY42-

I have recorded that his/her earnings for [MONTH4] are:

[fill P1M4@1]

[fill P1M4@2]

[NOTE:]
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

- (1) Yes
 - (2) No
-

-CALC43-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC43VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY43-

I have recorded that his/her earnings for [MONTH4] are:

[fill P1M4@1]

[fill P1M4@2]

[fill P1M4@3]

[NOTE:]
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

(1) Yes

(2) No

-CALC44-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC44VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY44-

I have recorded that his/her earnings for [MONTH4] are:

[fill P1M4@1]
[fill P1M4@2]
[fill P1M4@3]
[fill P1M4@4]

[NOTE:]
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

-CALC45-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC45VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS4-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID,
the respondent should have been paid [CHKCNT] times in [MONTH4].

Probe for additional payments.
If additional amounts are reported, back up (F1) to
enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

-ANAMT-

ENTER THE AMOUNT EARNED PER YEAR

-P1M3-

Each time he/she was paid by [NAME OF EMPLOYER]
in [MONTH3], how much did he/she receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month
(C) Calculate - Respondent reports hourly wages and hours worked

@

ENTER GROSS AMOUNTS RECEIVED IN [MONTH3].

(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

@ (NOTE:)

@ (EXPECT __ PAYDAYS)

@

@

@

-FOLLOW3-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
(2) Amount of a single payment

-MOREPAY3-

Please tell me the other payments you received in
[MONTH3] from [NAME OF EMPLOYER].

ENTER (N) FOR NONE OR NO MORE.

@
@
@
@

-MTOT3VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH3],
\$[TOTAL],
is unusually large.

If the amount is correct, enter P to proceed.
If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

-CALC31-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC31VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY31-

I have recorded that his/her earnings for [MONTH3] are:

[fill P1M3@1]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH3] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

-CALC32-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC32VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY32-

I have recorded that his/her earnings for [MONTH3] are:

[fill P1M3@1]
[fill P1M3@2]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH3] from [NAME OF EMPLOYER]?

- (1) Yes
- (2) No

-CALC33-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC33VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY33-

I have recorded that his/her earnings for [MONTH3] are:

[fill P1M3@1]
[fill P1M3@2]
[fill P1M3@3]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH3] from [NAME OF EMPLOYER]?

- (1) Yes
- (2) No

-CALC34-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

-CALC34VR-

That comes to \$[TOTAL].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY34-

I have recorded that his/her earnings for [MONTH3] are:

[fill P1M3@1]

[fill P1M3@2]

[fill P1M3@3]

[fill P1M3@4]

(NOTE:)

(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH3] from [NAME OF EMPLOYER]?

(1) Yes

(2) No

-CALC35-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC35VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS3-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID,
the respondent should have been paid [CHKCNT] times
in [MONTH3].

Probe for additional payments.
If additional amounts are reported, back up (F1) to
enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

-P1M2-

Each time he/she was paid by [NAME OF EMPLOYER]
in [MONTH2], how much did he/she receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month

(C) Calculate - Respondent reports hourly wages and
hours worked

@

ENTER GROSS AMOUNTS RECEIVED IN [MONTH2].

(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

@ (NOTE:)

@ (EXPECT _ PAYDAYS)

@

@

@

-FOLLOW2-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

-MOREPAY2-

Please tell me the other payments you received in
[MONTH2] from [NAME OF EMPLOYER].

ENTER (N) FOR NONE OR NO MORE.

@

@

@

@

-MTOT2VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH2],
\$[TOTAL],
is unusually large.

If the amount is correct, enter P to proceed.
If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

-CALC21-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC21VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY21-

I have recorded that his/her earnings for [MONTH2] are:

[fill P1M2@1]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH2] from [NAME OF EMPLOYER]?

- (1) Yes
- (2) No

-CALC22-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC22VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY22-

I have recorded that his/her earnings for [MONTH2] are:

[fill P1M2@1]
[fill P1M2@2]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH2] from [NAME OF EMPLOYER]?

- (1) Yes
- (2) No

-CALC23-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

-CALC23VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY23-

I have recorded that his/her earnings for [MONTH2] are:

[fill P1M2@1]

[fill P1M2@2]

[fill P1M2@3]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH2] from [NAME OF EMPLOYER]?

- (1) Yes
 - (2) No
-

-CALC24-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC24VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY24-

I have recorded that his/her earnings for [MONTH2] are:
[fill P1M2@1]
[fill P1M2@2]
[fill P1M2@3]
[fill P1M2@4]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH2] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

-CALC25-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC25VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS2-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID,
the respondent should have been paid [CHKCNT] times
in [MONTH2].

Probe for additional payments.
If additional amounts are reported, back up (F1) to
enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

-P1M1-

Each time he/she was paid by [NAME OF EMPLOYER]
in [MONTH1], how much did he/she receive BEFORE
deductions?

(P) Proceed to enter one or more gross amounts for the month

(C) Calculate - Respondent reports hourly wages and
hours worked

@

ENTER GROSS AMOUNTS RECEIVED IN [MONTH1].

(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

@ (NOTE:)

@ (EXPECT _ PAYDAYS)

@

@

@

-FOLLOW1-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

-MOREPAY1-

Please tell me the other payments you received in
[MONTH1] from [NAME OF EMPLOYER].

ENTER (N) FOR NONE OR NO MORE.

@

@

@

@

-MTOT1VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH1],

\$(TOTAL),

is unusually large.

If the amount is correct, enter P to proceed.

If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

-CALC11-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC11VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY11-

I have recorded that his/her earnings for [MONTH1] are:

[fill P1M1@1]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH1] from [NAME OF EMPLOYER]?

- (1) Yes
(2) No

-CALC12-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

-CALC12VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY12-

I have recorded that his/her earnings for [MONTH1] are:

[fill P1M1@1]

[fill P1M1@2]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH1] from [NAME OF EMPLOYER]?

(1) Yes

(2) No

-CALC13-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents

HOURS WORKED: @

-CALC13VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY13-

I have recorded that his/her earnings for [MONTH1] are:

[fill P1M1@1]

[fill P1M1@2]

[fill P1M1@3]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH1] from [NAME OF EMPLOYER]?

(1) Yes

(2) No

-CALC14-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC14VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-MORPAY14-

I have recorded that his/her earnings for [MONTH1] are:
[fill P1M1@1]
[fill P1M1@2]
[fill P1M1@3]
[fill P1M1@4]

(NOTE:)
(EXPECT __ PAYDAYS)

Did [FIRST NAME] [LAST NAME] receive any other pay in
[MONTH1] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

-CALC15-

ENTER PAY RATE AND HOURS WORKED

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

SECOND PAY RATE AND HOURS AT THAT RATE, IF NEEDED
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: @ Dollars and @ Cents
HOURS WORKED: @

-CALC15VR-

That comes to \$[TOTAL].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

-PAYTMS1-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID,
the respondent should have been paid [CHKCNT] times
in [MONTH1].

Probe for additional payments.
If additional amounts are reported, back up (F1) to
enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

-TAKEHOME-

Just to be sure -- were the amounts you gave me for
[MONTH4] [MONTH3] [MONTH2] [MONTH1]
his/her take-home pay, or were they his/her gross
pay BEFORE any taxes and other deductions were taken out?

- (1) Take-home pay (net, after deductions)
- (2) Gross (total) pay (before deductions)
- (3) Other

-GETGROSS-

This survey needs to get people's gross income amounts. Do you
know his/her gross pay amounts?

- (1) Yes
- (2) No

-GETRECS-

This survey needs to get people's gross income amounts.
Do you have records available, such as pay stubs, that would
show the gross amounts?

- (1) Yes
- (2) No

-GROSSPAYM4-

What were the gross pay amounts in [MONTH4]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$(fill P1M4@1)	@
\$(fill P1M4@2)	@
\$(fill P1M4@3)	@
\$(fill P1M4@4)	@
\$(fill P1M4@5)	@

-ALLGROSSM4-

** DO NOT READ TO RESPONDENT **

Are all amounts for [MONTH4] now GROSS amounts?

- (1) Yes, all amounts are gross
 - (2) No, some net amounts remain
-

-GROSSPAYM3-

What were the gross pay amounts in [MONTH3]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$(fill P1M3@1]	@
\$(fill P1M3@2]	@
\$(fill P1M3@3]	@
\$(fill P1M3@4]	@
\$(fill P1M3@5]	@

-ALLGROSSM3-

** DO NOT READ TO RESPONDENT **

Are all amounts for [MONTH3] now GROSS amounts?

- (1) Yes, all amounts are gross
- (2) No, some net amounts remain

-GROSSPAYM2-

What were the gross pay amounts in [MONTH2]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$(fill P1M2@1]	@
\$(fill P1M2@2]	@
\$(fill P1M2@3]	@
\$(fill P1M2@4]	@
\$(fill P1M2@5]	@

-ALLGROSSM2-

** DO NOT READ TO RESPONDENT **

Are all amounts for [MONTH2] now GROSS amounts?

- (1) Yes, all amounts are gross
 - (2) No, some net amounts remain
-

-GROSSPAYM1-

What were the gross pay amounts in [MONTH1]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s): New Gross amount(s):

\$(fill P1M1@1)	@
\$(fill P1M1@2)	@
\$(fill P1M1@3)	@
\$(fill P1M1@4)	@
\$(fill P1M1@5)	@

-ALLGROSSM1-

** DO NOT READ TO RESPONDENT **

Are all amounts for [MONTH1] now GROSS amounts?

- (1) Yes, all amounts are gross
- (2) No, some net amounts remain

-CALLGROS-

If I were to call back later, would you be able to obtain
a pay stub or some other record that shows his/her (remaining) gross pay amounts?

- (1) Yes
- (2) No

-CBPY1-

It is very important that we collect information about income
amounts that is as complete and accurate as possible. If I were
to call back later, would you or someone else be able to provide me with this information?

- (1) Yes
 - (2) No
-

-BM4-

The next few questions are about his/her income from:

[NAME OF BUSINESS]

What was the total amount of income [FIRST NAME] [LAST NAME]
received from [NAME OF BUSINESS] in the month of [MONTH4]?
(ENTER UP TO 5 SEPARATE AMOUNTS FOR THE MONTH)

(N) None/No more (S) Same as last amount entered

@@@@@

How much did he/she receive from the business in [MONTH3]?

@@@@@

And in [MONTH2]?

@@@@@

And in [MONTH1]?

@@@@@

-CBB-

It is very important that we collect information about
income amounts that is as complete and accurate as possible.

If I were to call back later, would you or someone else
be able to provide me with this information?

(1) Yes

(2) No

-LSTB-

(DO NOT READ TO RESPONDENT)

SEE BELOW FOR BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

Have you asked another person in this household about the net profit or loss from [fill ALLBUS]?

(1) Yes

(2) No

-PRFTB-

For [NAME OF BUSINESS], what is your best estimate of the net profit or loss, that is, the
difference between

gross receipts and expenses, between [MONTH1] 1st and the end of [MONTH4]?

ENTER (P) FOR PROFIT OR (L) FOR LOSS AND THEN ENTER AMOUNT

ENTER (P),(1) IF BROKE EVEN

@ (Profit or Loss)

@(Amount)

-MOONLITE-

People sometimes do additional work, such as freelancing, consulting, or moonlighting to earn extra money.

Did [FIRST NAME] [LAST NAME] do any of that kind of work in [MONTH1] to [MONTH4]?

(1) Yes

(2) No

-MLM4-

(JOB/BUSINESS = additional work)

What was the total amount of income [FIRST NAME] [LAST NAME] received
from this work in the month of [MONTH4]?

(ENTER UP TO 5 INDIVIDUAL AMOUNTS FOR THE MONTH)

(N) None/No more (S) Same as last amount entered

@@@@@

What was it in [MONTH3]?

@@@@@

What was it in [MONTH2]?

@@@@@

What was it in [MONTH1]?

@@@@@

-LFREC-

** DO NOT READ TO RESPONDENT **

Did the respondent use any records to answer any Labor Force Earnings questions?

(1) Yes

(2) No

**FILE I: GENERAL INCOME, PART 2 - INCOME RECEIVED FROM 'OTHER' INCOME
SOURCES AND PERSONS COVERED**

-AMTS-

Earlier I recorded that [FIRST NAME] [LAST NAME] received
(or was authorized to receive) [TYPE OF INCOME]

PRESS ENTER TO CONTINUE

-RESNSS-

What is the reason [FIRST NAME] [LAST NAME] is getting
[TYPE OF INCOME]?
Any other reason?

READ ALL CATEGORIES:
ENTER (N) IF NO SECOND REASON

- (1) Retired?
- (2) Disabled?
- (3) Widowed or surviving child?
- (4) Spouse or dependent child?
- (5) Some other reason?

@ @

-AGESS-

At what age did [FIRST NAME] [LAST NAME] begin receiving
[TYPE OF INCOME]
because of his/her disability?

(REPORT AGE IN YEARS)

AGE: @

-JNTSSYN-

Did [FIRST NAME] [LAST NAME] receive
[TYPE OF INCOME]
jointly with his/her spouse?

- (1) Yes
 - (2) No
-

-DIRECT-
Does his/her
[TYPE OF INCOME]
payment come in the mail or is it direct deposited?

- (1) Comes in the mail
- (2) Direct deposited

-COLSS- SHOW FLASHCARD G
Please look at this flashcard and tell me which
color ENVELOPE [FIRST NAME] [LAST NAME]'s check comes in.

- (1) Blue
- (2) Buff
- (4) Other

-WHENSS-
Are his/her payments usually received or deposited on the first of the month or the third?

- (1) First
- (2) Third
- (3) Other

-VETTYP-
What type of Veteran's payments did he/she receive?

- (1) Service-connected disability compensation
- (2) Survivor Benefits
- (3) Veteran's Pension
- (4) Other Veteran's Payments

@1

-VAQUES-
Is [FIRST NAME] [LAST NAME] required to fill out an annual
income questionnaire in order to receive a VA pension?

- (1) Yes
 - (2) No
-

-AFSRVDIE-

Earlier I recorded that [FIRST NAME] [LAST NAME] received income as a widow(er).
Did his/her late spouse die while in the service or from a service-related injury?

- (1) Yes
- (2) No

-AFDCMTH-

Has [FIRST NAME] [LAST NAME] received any AFDC payments--
(READ ALL CATEGORIES)

- (1) Yes
- (2) No

@ in [MONTH5]?
@ in [MONTH4]?
@ in [MONTH3]?
@ in [MONTH2]?
@ in [MONTH1]?

-YBEG20- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME]
in [MONTH5]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@@@

-OTHSPB20-

What reason was that?

@
@

-YSTOP21- What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSPS21- What reason was that?

@
@

-YBEG21- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF
INCOME]
in [MONTH4]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@@@

-OTHSPB21-
What reason was that?

@
@

-YSTOP22- What set of circumstances caused [FIRST NAME] [LAST NAME] to stop receiving
[TYPE OF INCOME] in [MONTH3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSPS22- What reason was that?

@
@

-YBEG22- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH3]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@@

-OTHSPB22-

What reason was that?

@
@

-YSTOP23- What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSPS23- What reason was that?

@
@

-YBEG23- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH2]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
- @@@@@@@@@@@

-OTHSPB23-

What reason was that?

@
@

-BEG120-

When did [FIRST NAME] [LAST NAME] apply for the [TYPE OF INCOME] [FIRST NAME] [LAST NAME] received?

MONTH: @
YEAR: @

-YBEG220- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Pregnancy/birth of child
 - (3) Began receiving for another dependent (e.g. grandchild)
 - (4) Separated or divorced from spouse/partner
 - (5) Loss of job/wages/other income (own or partner's)
 - (6) Loss of other support income
 - (7) Just learned about the program
 - (8) Just got around to applying
 - (9) Became disabled
 - (10) Other, specify
- @@@@@@@@@@@

-OTHSP220-
What reason was that?
@
@

-ADCAMT15- How much did [FIRST NAME] [LAST NAME] receive from AFDC not including food stamps --

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.
in [MONTH4]?

@ @ @ @ @

in [MONTH3]?
@ @ @ @ @

in [MONTH2]?
@ @ @ @ @

in [MONTH1]?
@ @ @ @ @

-CHCK4-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CHCK3-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CHCK2-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CHCK1-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]

IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-AFDCAMT4-
How much did [FIRST NAME] [LAST NAME] receive from AFDC in [MONTH4]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

@
@
@
@
@

-BIGINC4-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.
(1) BACKUP AND CORRECT
(P) Proceed

-CSAGCY4-
How much total child support was collected by the agency on his/her behalf in [MONTH4]?

ENTER (N) FOR NONE

-PASSAMT4-
How much bonus, pass through, or child support payment
did [FIRST NAME] [LAST NAME] receive in [MONTH4]?

ENTER (N) FOR NONE

-AFDCAMT3-

How much did [FIRST NAME] [LAST NAME] receive from AFDC in [MONTH3]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

@
@
@
@
@

-BIGINC3-

NOTE TO FR ----

THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CSAGCY3-

Earlier I recorded that [FIRST NAME] [LAST NAME] received
pass through payments as part of AFDC.
How much total child support was collected by the agency on
his/her behalf in [MONTH3]?

ENTER (N) FOR NONE

-PASSAMT3-

How much bonus, pass through, or child support payment
did [FIRST NAME] [LAST NAME] receive in [MONTH3]?

ENTER (N) FOR NONE

-AFDCAMT2-

How much did [FIRST NAME] [LAST NAME] receive from AFDC in [MONTH2]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

@
@
@
@
@

-BIGINC2-

NOTE TO FR ----

THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CSAGCY2-

Earlier I recorded that [FIRST NAME] [LAST NAME] received
pass through payments as part of AFDC.

How much total child support was collected by the agency on
his/her behalf in [MONTH2]?

ENTER (N) FOR NONE

-PASSAMT2-

How much bonus, pass through, or child support payment
did [FIRST NAME] [LAST NAME] receive in [MONTH2]?

ENTER (N) FOR NONE

-AFDCAMT1-

How much did [FIRST NAME] [LAST NAME] receive from AFDC in [MONTH1]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

@
@
@
@
@

-BIGINC1-

NOTE TO FR -----

THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-CSAGCY1-

Earlier I recorded that [FIRST NAME] [LAST NAME] received
pass through payments as part of AFDC.

How much total child support was collected by the agency on
his/her behalf in [MONTH1]?

ENTER (N) FOR NONE

-PASSAMT1-

How much bonus, pass through, or child support payment
did [FIRST NAME] [LAST NAME] receive in [MONTH1]?

ENTER (N) FOR NONE

-AFDCCOV- Who did [FIRST NAME] [LAST NAME]'s AFDC payment cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NONE/NO MORE

@@@@@@@@@@

@@@@@@@@@@

-WICMNTN-

Has [FIRST NAME] [LAST NAME] received any WIC--
(READ ALL CATEGORIES)

(1) Yes

(2) No

@ in [MONTH5]?

@ in [MONTH4]?

@ in [MONTH3]?

@ in [MONTH2]?

@ in [MONTH1]?

-WYBEG20- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH5]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@@@@

-OTHSWB20-

What reason was that?

@
@

-WYSTOP21- What set of circumstances caused [FIRST NAME] [LAST NAME] to stop receiving [TYPE OF INCOME] in [MONTH4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-WOTHSPS21- What reason was that?

@
@

-WYBEG21- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH4]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled

(10) Other, specify

@@@@@@@@

-OTHSWB21-
What reason was that?

@
@

-WYSTOP22- What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-WOTHSPS22-
What reason was that?

@
@

-WYBEG22- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH3]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@

-OTHSWB22-
What reason was that?

@
@

-WYSTOP23- What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (Family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-WOTHSPS23-
What reason was that?

@
@

-WYBEG23- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH2]? Anything else?

MARK ALL THAT APPLY. ENTER (N) AFTER LAST RESPONSE.

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@@@@@@@@@@

-OTHSWB23-
What reason was that?

@
@

-WBEG120-

When did [FIRST NAME] [LAST NAME] apply for the
[TYPE OF INCOME] that [FIRST NAME] [LAST NAME] received?

MONTH: @

YEAR: @

-WYBEG220- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @

-OTSPW220-

What reason was that?

@

@

-WICPER- Who did WIC cover in this (these) month(s)?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NONE/NO MORE

@ @ @ @ @ @ @ @ @ @
@ @ @ @ @ @ @ @ @ @

-FSMTHYN-

Did [FIRST NAME] [LAST NAME] receive Food Stamps --
(READ ALL CATEGORIES)

(1) Yes

(2) No

@ in [MONTH5]?

@ in [MONTH4]?

@ in [MONTH3]?

@ in [MONTH2]?

@ in [MONTH1]?

-FYBEG20- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH5]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

(1) Needed the money

(2) Pregnancy/birth of child

(3) Began receiving for another dependent (e.g. grandchild)

(4) Separated or divorced from spouse/partner

(5) Loss of job/wages/other income (own or partner's)

(6) Loss of other support income

(7) Just learned about the program

(8) Just got around to applying

(9) Became disabled

(10) Other, specify

@ @ @ @ @ @ @ @ @ @ @

-OTHSFB20-

What reason was that?

@

@

-FYSTOP21-

What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH4]?

(1) Became ineligible because of increased income

(2) Became ineligible because of family changes (family member left, over age limit, etc.)

(3) Still eligible but could not/chose not to collect

(4) Other, specify

-OTHSFS21-
What reason was that?

@
@

-FYBEG21- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH4]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @

-OTHSFB21-
What reason was that?

@
@

-FYSTOP22-
What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSFS22-
What reason was that?

@
@

-FYBEG22- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH3]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @ @

-OTHSFB22-

What reason was that?

@
@

-FYSTOP23-

What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSFS23-

What reason was that?

@
@

-FYBEG23- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH2]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program

(8) Just got around to applying

(9) Became disabled

(10) Other, specify

@ @ @ @ @ @ @ @ @ @

-OTHSFB23-

What reason was that?

@

@

-FBEG120-

When did [FIRST NAME] [LAST NAME] apply for the
[TYPE OF INCOME] that [FIRST NAME] [LAST NAME] received?

MONTH: @

YEAR: @

-FYBEG220- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH1]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

(1) Needed the money

(2) Pregnancy/birth of child

(3) Began receiving for another dependent (e.g. grandchild)

(4) Separated or divorced from spouse/partner

(5) Loss of job/wages/other income (own or partner's)

(6) Loss of other support income

(7) Just learned about the program

(8) Just got around to applying

(9) Became disabled

(10) Other, specify

@ @ @ @ @ @ @ @ @ @

-OTHSPFY220-

What reason was that?

@

@

-FSAMT15- What was the amount of Food Stamps [FIRST NAME] [LAST NAME]
received in:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT
in [MONTH4]?

@ @ @ @ @

In [MONTH3]?

@ @ @ @ @

In [MONTH2]?

@ @ @ @ @

In [MONTH1]?

@ @ @ @ @

-BIGFS4-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGFS3-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGFS2-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGFS1-
NOTE TO FR ----
THE AMOUNT ENTERED - [TOTAL]
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-FSPER- Who did [FIRST NAME] [LAST NAME]'s Food Stamps cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (A) FOR ALL PERSONS COVERED

ENTER (N) FOR NO ONE/NO MORE

@ @ @ @ @ @ @ @ @ @

@ @ @ @ @ @ @ @ @ @

-CSMTH-

Has [FIRST NAME] [LAST NAME] received any
child support payments (excluding any pass through payments already reported)

(READ ALL CATEGORIES)

(1) Yes

(2) No

@ in [MONTH5]?

@ in [MONTH4]?

@ in [MONTH3]?

@ in [MONTH2]?

@ in [MONTH1]?

-CSAMT15- (Excluding pass through payments and AFDC payments
[FIRST NAME] [LAST NAME] may have received)

What was the amount of child support [FIRST NAME] [LAST NAME] received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

in [MONTH4]?

@ @ @ @ @

In [MONTH3]?

@ @ @ @ @

In [MONTH2]?

@ @ @ @ @

In [MONTH1]?

@ @ @ @ @

-BIGCS4-

NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGCS3-

NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGCS2-

NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

@

-BIGCS1-

NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-MNTHYN-

has [FIRST NAME] [LAST NAME] received any [TYPE OF INCOME]

(READ ALL CATEGORIES)

(1) Yes
(2) No

@ in [MONTH5]?
@ in [MONTH4]?
@ in [MONTH3]?
@ in [MONTH2]?
@ in [MONTH1]?

-MYSTOP21-

What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH4]?

- (1) Became ineligible because of increased income
(2) Became ineligible because of family changes (family member left, over age limit, etc.)
(3) Still eligible but could not/chose not to collect
(4) Other, specify
-

-OTHSMS21-
What reason was that?

@
@

-MYBEG21L- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH4]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @

-MYBEG21S- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH4]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Became disabled/blind
 - (3) Over 65
 - (4) Other, specify
- @ @ @ @

-OTHSMB21-
What reason was that?

@
@

-MYSTOP22-

What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes (family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Other, specify

-OTHSMS22-

What reason was that?

@
@

-MYBEG22L- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @

-MYBEG22S- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH3]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

@ @ @ @

-OTHSMB22-
What reason was that?
@
@

-MYSTOP23-
What set of circumstances caused [FIRST NAME] [LAST NAME]
to stop receiving [TYPE OF INCOME] in [MONTH2]?
(1) Became ineligible because of increased income
(2) Became ineligible because of family changes (family member left, over age limit, etc.)
(3) Still eligible but could not/chose not to collect
(4) Other, specify

-OTHSMS23-
What reason was that?
@
@

-MYBEG23L- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH2]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON
(1) Needed the money
(2) Pregnancy/birth of child
(3) Began receiving for another dependent (e.g. grandchild)
(4) Separated or divorced from spouse/partner
(5) Loss of job/wages/other income (own or partner's)
(6) Loss of other support income
(7) Just learned about the program
(8) Just got around to applying
(9) Became disabled
(10) Other, specify
@ @ @ @ @ @ @ @ @ @

-MYBEG23S- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH2]? Anything else?

MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify
- @ @ @ @

-OTHSMB23-
What reason was that?
@
@

-MBEG120-
When did [FIRST NAME] [LAST NAME] apply for the [TYPE OF INCOME] that [FIRST NAME] [LAST NAME] received?

MONTH: @
YEAR: @

-MYBEG220L- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for [TYPE OF INCOME] in [MONTH1]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

@ @ @ @ @ @ @ @ @ @

-MYBEG220S- What set of circumstances led [FIRST NAME] [LAST NAME] to apply for
[TYPE OF INCOME] in [MONTH1]? Anything else?
MARK ALL THAT APPLY; ENTER (N) AFTER LAST RESPONSE
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
 - (2) Became disabled/blind
 - (3) Over 65
 - (4) Other, specify
- @ @ @ @

-OTSPM220-
What reason was that?
@
@

-MNTHAMT15- For each payment, please report the total amount
How much [TYPE OF INCOME]
did [FIRST NAME] [LAST NAME] receive?
(DO NOT INCLUDE AMOUNTS RECEIVED FOR CHILDREN)
ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.
in [MONTH4]?

@ @ @ @ @

In [MONTH3]?

@ @ @ @ @

In [MONTH2]?

@ @ @ @ @

In [MONTH1]?

@ @ @ @ @

-BIGAMT4-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
- (P) Proceed

-BIGAMT3-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

- (1) BACKUP AND CORRECT
 - (P) Proceed
-

-BIGAMT2-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGAMT1-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-ROLLOVR1-
Did [FIRST NAME] [LAST NAME] re-invest or "roll over" any of the
money into an IRA or some other kind of retirement plan?

(1) Yes
(2) No

-ROLLOVR2-
Does [FIRST NAME] [LAST NAME] plan to re-invest or
"roll over" any of the money?

(1) Yes
(2) No

-ROLLAMT-
How much did [FIRST NAME] [LAST NAME] "roll over" into an other
RETIREMENT account?

ENTER (A) FOR ALL

-TMCOV- Who did these [TYPE OF INCOME] payments cover?

ENTER LINE NUMBER OF PERSON COVERED
ENTER (A) FOR ALL PERSONS COVERED
ENTER (N) FOR NONE/NO MORE

@ @ @ @ @ @ @ @ @ @

@ @ @ @ @ @ @ @ @ @

-KCOVBEG-

When did [FIRST NAME] [LAST NAME] begin to receive
[TYPE OF INCOME] for his/her child(ren)?

MONTH: @

YEAR: @

-KDMTHYN-

Were any [TYPE OF INCOME]
payments received for his/her child(ren) --

(1) Yes

(2) No

@ in [MONTH5]?

@ in [MONTH4]?

@ in [MONTH3]?

@ in [MONTH2]?

@ in [MONTH1]?

-KIDAMT15- For each payment, please report the total amount
(before any deductions).

How much [TYPE OF INCOME] was received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.
in [MONTH4]?

@ @ @ @ @

In [MONTH3]?

@ @ @ @ @

In [MONTH2]?

@ @ @ @ @

In [MONTH1]?

@ @ @ @ @

-BIGKAMT4-

NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.
(P) TO PROCEED.

(1) BACKUP AND CORRECT

(P) Proceed

-BIGKAMT3-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGKAMT2-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-BIGKAMT1-
NOTE TO FR ----- THE AMOUNT ENTERED - [TOTAL] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

-SSKIDCOV- Who did these [TYPE OF INCOME] payments cover?

ENTER LINE NUMBER OF PERSON COVERED
ENTER (A) FOR ALL PERSONS COVERED
ENTER (N) FOR NO ONE/NO MORE
@ @ @ @ @ @ @ @ @ @
@ @ @ @ @ @ @ @ @ @

-GINCRECUSE-
** DO NOT READ TO RESPONDENT **

Did respondent use any records when reporting
the amount of income received from
[TYPE OF INCOME]
(1) Yes
(2) No

FILE J: ASSETS, PART 2 - INCOME RECEIVED FROM ASSETS OWNED

-ASSTINTRO1-

Now I am going to ask about any interest earned
from assets from [MONTH1] 1st to the end of [MONTH4].
(Exclude any assets he/she holds as part of his/her
IRA/Keough/401K/Thrift savings Plan)

PRESS "ENTER" TO CONTINUE

-JT-

Did he/she own his/her
[TYPE OF ASSET]
jointly with his/her wife/husband?

- (1) Yes
(2) No

-JTINT-

(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

What is the total amount of interest earned on this/these
jointly held [TYPE OF ASSET].

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AJTINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

-JTAMT-

What is the average amount that he/she and his/her wife/husband had
in this/these jointly held [TYPE OF ASSET]?

-JCAT1B- FR NOTE: ASSET IS [TYPE OF ASSET].

Is it:

- (1) Less than \$ 500
(2) \$ 500 to \$1,000
(3) \$1,001 to \$5,000
(4) More than \$5,000

-JCAT2B- FR NOTE: ASSET IS [TYPE OF ASSET].

Is it:

- (1) Less than \$ 1,000
- (2) \$1,000 to \$ 5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000

-OAST-

Besides any [TYPE OF ASSET]
owned jointly with his/her wife/husband, did he/she have
any in his/her own name?

- (1) Yes
- (2) No

-OINT-

(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

What is the total amount of interest he/she earned
on his/her [TYPE OF ASSET]?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AOINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

-OAMT-

What is the average amount that he/she had in this/these
[TYPE OF ASSET]?

-OCAT1B- FR NOTE: ASSET IS [TYPE OF ASSET].

Is it:

- (1) Less than \$ 500
- (2) \$ 500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

-OCAT2B- FR NOTE: ASSET IS [TYPE OF ASSET].

Is it:

- (1) Less than \$ 1000

- (2) \$1,000 to \$ 5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000

-CBINT-

If I were to call back later would you be able to
provide me with the INTEREST amount earned from:

[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]

- (1) Yes
- (2) No

-ANYCHK-

(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Earlier you told me he/she owned [TYPE OF ASSET].

Did he/she receive any dividend checks?

(INCLUDE ANY CHECKS MADE OUT JOINTLY WITH A SPOUSE)

- (1) Yes
- (2) No

-JTDIV-

(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much was received in dividend checks made out
jointly to [FIRST NAME] [LAST NAME] and his/her wife/husband?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AJTDIV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-ODIV-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much did he/she receive in dividend checks
in his/her name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AODIV-
ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-OTHDIV-
Did he/she earn any dividends that were
credited against a margin account or automatically reinvested?

- (1) Yes
(2) No

-JAMTDV-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much of these kinds of dividends did he/she
earn jointly with his/her wife/husband?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AJAMTDV-
ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-OAMTDV-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much of these kinds of dividends did he/she
earn in his/her name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
ENTER (N) FOR NONE/NO MORE

@	@	@
@	@	@
@	@	@
@	@	@

Total: [TOTAL]

-AOAMTDV-
ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

-CBDIV-
If I were to call back later would you be able
to provide me with the DIVIDEND amount earned from
[TYPE OF ASSET]
[TYPE OF ASSET]

- (1) Yes
(2) No

-JNTRNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Earlier you told me that he/she owned some rental property.
Did he/she receive any rental income from property
owned jointly by him/her and his/her wife/husband?

- (1) Yes
(2) No
-

-JARNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much was received in gross rent from this property?

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-JACLR-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

What was his/her net income or loss after expenses?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-OWNRNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

(Earlier you told me that [FIRST NAME] [LAST NAME] owned rental property)

Did he/she receive rental income from property
owned entirely in his/her own name?

- (1) Yes
(2) No

-OARNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much was received in gross rent from all properties?

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-OACLR-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

What was his/her net income or loss after expenses?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-JRNT2-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Did he/she receive any rental income from property
owned jointly with others (excluding property owned
jointly with a spouse)

- (1) Yes
(2) No

-JACLR2-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

What was his/her share of the net income
or loss after expenses on this property?
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-MRTJNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Earlier you said he/she held a mortgage.
Did he/she own this jointly with his/her wife/husband?

(1) Yes
(2) No

-MIJNT-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

How much interest was paid to him/her and his/her
wife/husband by the borrower?

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-MRTOWN-
(Besides any jointly held mortgages)
Did he/she hold any mortgages in his/her own name?

(1) Yes
(2) No

-MIOWN-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

(Earlier you said that [FIRST NAME] [LAST NAME] held a mortgage)
How much interest was paid to him/her by the borrower?

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-RNDUP1-
(REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Earlier you said he/she had income from royalties.
How much did he/she receive from these royalties?
If income is shared, count only his/her share.

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-RNDUP2- (REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH4])

Earlier he/she said that he/she had this/these investment(s):

[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]
[TYPE OF ASSET]

How much did he/she receive from this/these investment(s)?
If income shared, count only his/her share.
(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

@
@
@
@

Total: [TOTAL]

-ASTRECUSE-

**** DO NOT READ TO RESPONDENT ****

Did respondent use any records
to answer any Asset questions?

(1) Yes

(2) No

@

FILE K: HEALTH INSURANCE OWNERSHIP AND COVERAGE

-HLTHINT-

Now I'm going to ask you about health insurance.
PRESS "ENTER" TO CONTINUE

-MCARE-

(SHOW FLASHCARD H)

At any time between [MONTH1] 1st and today
was [FIRST NAME] [LAST NAME] covered by Medicare?

- (1) Yes
 - (2) No
-

-CARETHEN-

In which months was [FIRST NAME] [LAST NAME] covered by Medicare?

- (1) Yes
 - (2) No
 - @ In this month?
 - @ In [MONTH4]?
 - @ In [MONTH3]?
 - @ In [MONTH2]?
 - @ In [MONTH1]?
-

-MCNUMB-

May I see his/her Medicare card to record the
claim number and type of coverage?

FLASHCARD H PROVIDES AN EXAMPLE OF A MEDICARE CARD
WHICH SHOULD BE SHOWN TO THE RESPONDENT.
(N) Card Not Available

-MCBACK-

If I were to call later would you be able to provide me
with his/her Medicare number?

- (1) Yes
 - (2) No
-

-CAIDNOW-

At any time between [MONTH1] 1st and the end of [MONTH4]
was [FIRST NAME] [LAST NAME] covered by
MEDICAID?

- (1) Yes
- (2) No

-CAIDOTH-

At any time between [MONTH1] 1st and the end of [MONTH4]
was [FIRST NAME] [LAST NAME] covered by any other
public assistance program that pays for medical care?

- (1) Yes
- (2) No

-CAIDNM-

May I see his/her MEDICAID card
to verify the name of the medical program?

NAMES OF THE CHILDREN COVERED ARE LISTED
ON THE CARD OF THE PRIMARY RECIPIENT.

- (N) Card Not Available
- (1) Verified to be a MEDICAID card

-KIDCOV- How about his/her child(ren)?

Was/were -- ***READ NAME(S) LISTED BELOW***
covered by Medicaid or some other public assistance medical
program at any time between [MONTH1] 1st and today?

- (1) Yes
- (2) No

-CAIDKIDS- PARENT IS [PARENTS NAME]

Which of his/her children was covered
by MEDICAID?

ENTER (N) FOR NO MORE

@ @ @ @ @ @ @ @
@ @ @ @ @ @ @

-CDMNTH-

In which months was [FIRST NAME] [LAST NAME] and/or
his/her child(ren) covered --

READ EACH ANSWER CATEGORY

(1) Yes

(2) No

@ In [MONTH5]?

@ In [MONTH4]?

@ In [MONTH3]?

@ In [MONTH2]?

@ In [MONTH1]?

-CAIDBEGYR-

The Medicaid coverage
that [FIRST NAME] [LAST NAME] had --
when did that coverage start?

YEAR: @

-CAIDBEGMTH-

In what month did that coverage start?

MONTH: @

-CAIDBEGPB-

I recorded that the last time [FIRST NAME] [LAST NAME]
received Medicaid was in [YEAR REPORTED IN CAIDBEGYR].
Is that correct?

(1) Yes

(2) No

-HIVER-

Earlier I recorded that for some, or all, of the time
from [MONTH1] 1st through today [FIRST NAME] [LAST NAME]
was covered by a health insurance plan
held in the name of [NAME OF HEALTH INSURANCE "OWNER"].
Is that correct?

(1) Yes

(2) No

-H4MNTH-

(Other than the Medicare or MEDICAID we just talked about)
Is [FIRST NAME] [LAST NAME] covered by (any other)
health insurance--

(1) Yes

(2) No

(N) NONE OF THESE MONTHS

@ in this month?

Was he/she covered--

READ EACH ANSWER CATEGORY

@ in [MONTH4]?

@ in [MONTH3]?

@ in [MONTH2]?

@ in [MONTH1]?

-CBHINS-

If I were to call back later would it be possible
for me to get this information?

(1) Yes

(2) No

-HIOWN-

During any time from [MONTH1] 1st through today,
did [FIRST NAME] [LAST NAME] also have health insurance in
his/her own name?

(1) Yes

(2) No

-HIOWNER-

Was his/her health insurance coverage in his/her
own name or was he/she covered as a family
member on someone else's plan?

(1) Plan in own name

(2) Covered by someone else's plan

(3) Both

-HIHOLDR-

Who had the health insurance plan that covered [FIRST NAME] [LAST NAME]?

ENTER THE LINE NUMBER OF THE PERSON

(N) No one currently living here

-HEMPLY-

Let's talk about the plan in [FIRST NAME] [LAST NAME]'s own name.
Was the health insurance obtained through--

READ ANSWER CATEGORIES

- (1) His/her current employer or work
- (2) His/her former employer
- (3) His/her Union
- (4) CHAMPUS
- (5) CHAMPVA
- (6) Or the Military/VA health care
- (7) Privately purchased
- (8) Or in some other way

-HEMPLYSPEC-

READ IF NECESSARY

How was that health insurance obtained?

-HICOST-

Did his/her current employer (former employer or union) pay
all, part, or none of the premium of the plan?

- (1) All
- (2) Part
- (3) None

-HIPERS- Other than [FIRST NAME] [LAST NAME], who else was covered
by this plan?

ENTER LINE NUMBERS OF PERSONS COVERED

- (A) All household members
- (N) None/No more

@ @ @ @ @ @ @ @

@ @ @ @ @ @ @

-HIOTHR-

During the period from [MONTH1] 1st through

the end of [MONTH4], did this plan also cover
anyone who did NOT live in this household?

- (1) Yes
- (2) No

-HIWHO-

Who, OUTSIDE this household, did the plan cover?

ENTER (1) FOR EACH YES THAT APPLIES
ENTER (2) FOR EACH NO THAT APPLIES

- @ Spouse/Partner
- @ Children 18 years of age or older
- @ Children under 18 years old
- @ Others

-H1KDCOV-

Was [FIRST NAME] [LAST NAME] covered by
a health insurance plan (other than Medicaid) at any time
between [MONTH1] 1st and today?

- (1) Yes
- (2) No

-H2KDCOV- Which children if any were covered by a health insurance plan
(other than Medicaid) at anytime between
[MONTH1] 1st and today?

READ LIST OF CHILDREN'S NAMES DISPLAYED
ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED
ENTER (N) FOR NONE OF THESE CHILDREN/NO MORE

@ @ @ @ @ @ @ @

@ @ @ @ @ @ @ @

-HI1OUT-

Was [FIRST NAME] [LAST NAME] covered by the health insurance plan
of someone who does NOT currently live in the household?

- (1) Yes
- (2) No

-HI2OUT- Which children if any were covered by the health insurance plan of
someone who does NOT currently live in the household?

READ LIST OF CHILDREN'S NAMES DISPLAYED
ENTER LINE NUMBER OF EACH CHILD COVERED BY SOMEONE OUTSIDE
ENTER (N) FOR NONE OF THESE CHILDREN/NO MORE

@ @ @ @ @ @ @ @

@ @ @ @ @ @ @

-HINONE- I recorded that [FIRST NAME] [LAST NAME] was NOT covered
by any health insurance plan during the months of
[MONTH(S) NOT COVERED - SEE SCREEN H4MNTH]
Which ONE OR MORE of these reasons describe why [FIRST NAME] [LAST NAME]
was not covered?

(SHOW FLASHCARD I) ENTER (N) AFTER LAST ENTRY

- (1) Too expensive, can't afford health insurance
- (2) No health insurance offered by (employer of self, spouse, or parent)
- (3) Not working at a job long enough to qualify
- (4) Job layoff, job loss, or any reason related to unemployment
- (5) Not eligible because working part time or temporary job
- (6) Can't obtain insurance because of poor health, illness, age,
or a pre-existing condition
- (7) Dissatisfied with previous insurance OR don't believe in insurance
- (8) Have been healthy, not much sickness in the family,
haven't needed health insurance
- (9) Able to go to VA or military hospital for medical care
- (10) Covered by some other health plan, such as Medicaid
- (11) No longer covered by parents policy
- (12) Other @ @ @ @ @ @

-HISPEC-

Specify the exact "OTHER" reason not covered by health insurance

-HIHOWLNGYR-

I recorded that [FIRST NAME] [LAST NAME] was
covered by health insurance in [MONTH1].
Before [MONTH1], when was the last time
[FIRST NAME] [LAST NAME] was WITHOUT
health insurance coverage?
In what year was that?

(A) Always covered by health insurance

YEAR: @

-HIHOWLNGMTH-

In what month was that?

MONTH: @

-HIHOWLNGPB-

I recorded the last time [FIRST NAME] [LAST NAME]
was covered by health insurance was in [YEAR REPORTED IN HIHOWLNGYR]
Is that correct?

(1) Yes

(2) No

-HINOLNGYR-

I recorded that [FIRST NAME] [LAST NAME] was
not covered by health insurance
(other than Medicare and/or Medicaid)
in [MONTH1].
Before then, when was the last time [FIRST NAME] [LAST NAME]
was covered? In what year was that?

(N) Never covered by health insurance

YEAR: @

-HINOLNGMTH-

In what month in [YEAR REPORTED IN HINOLNGYR] was that?

MONTH: @

-HINOLNGPB-

I recorded the last time [FIRST NAME] [LAST NAME]
was covered by health insurance was in [YEAR REPORTED IN HINOLNGYR].
Is that correct?

(1) Yes

(2) No

FILE L: EDUCATIONAL ASSISTANCE

-ENROLL-

Was [FIRST NAME] [LAST NAME] enrolled in school,
either full or part time, at any time between
[MONTH1] 1st and the end of [MONTH4]?

INCLUDE ANY REGULAR SCHOOL, SUCH AS ELEMENTARY, HIGH SCHOOL,
OR COLLEGE, OR ANY VOCATIONAL, TECHNICAL, OR BUSINESS SCHOOL
BEYOND HIGH SCHOOL.

(1) Yes

(2) No

-FULLPART-

Was he/she enrolled full time or part time?

(1) Full Time

(2) Part Time

-MNTHENRL-

Was he/she enrolled in...

(1) Yes

(2) No

@ [MONTH4]

@ [MONTH3]

@ [MONTH2]

@ [MONTH1]

-ENLEVEL-

At what level or grade was he/she enrolled?

("COLLEGE YEAR" INDICATES THE LEVEL ACCORDING TO
ACADEMIC STANDING, NOT THE NUMBER OF YEARS ENROLLED IN COLLEGE.)

(1) Elementary grades 1-8

(2) High School grades 9-12

(3) College year 1 (Freshman)

(4) College year 2 (Sophomore)

(5) College year 3 (Junior)

(6) College year 4 (Senior)

(7) College year 5 (First year graduate or professional school)

(8) College year 6+ (Second year or higher in graduate or professional school)

(9) Vocational, technical, or business school beyond high school level

(10) Enrolled in college, but not working towards degree

-EDCHCK1-

You said that [FIRST NAME] [LAST NAME] was ENROLLED in
[LEVEL REPORTED ON SCREEN ENLEVEL]
Earlier I recorded that the highest grade or level he/she COMPLETED was
[LEVEL REPORTED ON SCREEN EDUCA]

Are both of these statements correct?

- (1) Yes, both statements are correct
- (2) Only COMPLETED statement is correct, ENROLLED statement should be changed
- (3) Only ENROLLED statement is correct, COMPLETED statement should be changed
- (4) Both the COMPLETED statement and the ENROLLED statement should be changed

-FXENRL-

At what level or grade was he/she enrolled?
("COLLEGE YEAR" INDICATES THE LEVEL ACCORDING TO
ACADEMIC STANDING, NOT THE NUMBER OF YEARS ENROLLED IN COLLEGE.)

- (1) Elementary grades 1-8
- (2) High School grades 9-12
- (3) College year 1 (Freshman)
- (4) College year 2 (Sophomore)
- (5) College year 3 (Junior)
- (6) College year 4 (Senior)
- (7) College year 5 (First year graduate or professional school)
- (8) College year 6+ (Second year or higher in graduate or professional school)
- (9) Vocational, technical, or business school beyond high school level
- (10) Enrolled in college, but not working towards degree

-FXEDUC- What is the highest level of school [FIRST NAME] [LAST NAME]
has completed or the highest degree he/she has received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (44) Bachelors degree
(For example: BA, AB, BS)
- (45) Master's degree (For example:
MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For
example: MD,DDS,DVM,LLB,JD)
- (47) Doctorate degree
(For example: PhD, EdD)
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational,technical, trade or business school beyond the High School
level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program

-EDCHCK2-

Was he/she enrolled in a program working towards a degree?

- (1) Yes
- (2) No

-EDFUND-

Were any of his/her educational expenses during the period [MONTH1] 1st through the end of
[MONTH4]
paid for by any type of educational assistance or financial aid?

READ IF NECESSARY:

Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits,
or any other type of financial aid.

- (1) Yes
- (2) No

-EDASST- What kind of educational assistance did

[FIRST NAME] [LAST NAME] receive? Anything else?

(SHOW FLASHCARD J) ENTER (N) AFTER LAST ENTRY

- (1) Federal PELL Grant
- (2) Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors
and
Dependents, other Veterans' Administration Educational Assistance Programs.
- (3) College (or Federal) Work Study Program
- (4) Any other Federal grant or program; for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- (5) A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- (6) A grant, scholarship, or tuition remission from the school attended
- (7) A teaching or research assistantship from the school attended
- (8) A grant or scholarship from the state, such as SSIGP, Douglas Scholarships
- (9) A grant or scholarship from some other source, such as a foundation,
corporation, or community group, National Merit Scholarship, etc.
- (10) Assistance provided by [fill HISHER] employer
- (11) Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings
funds)

@@@@@@@@@@@@

**FILE M: PROGRAM QUESTIONS - ENERGY ASSISTANCE, SCHOOL LUNCH PROGRAM,
ETC.**

-PROGINTRO-

Now we are going to ask some questions about government programs.

PRESS ENTER TO CONTINUE

-HOWLONG-

When did [FIRST NAME] [LAST NAME] apply for public or subsidized housing?

Month: @

Year: @

-WHENAPP-

When did [FIRST NAME] [LAST NAME] move into public or subsidized housing

Month: @

Year: @

-MTHRNT-

Excluding any rent subsidies, how much does
[FIRST NAME] [LAST NAME] pay in monthly rent?

(N) None

-UTILYN-

(In addition to rent) did he/she pay for any utilities such as water, electricity, gas, or oil?
Exclude telephone.

(1) Yes

(2) No

-WAITLIST-

Is [FIRST NAME] [LAST NAME] on a waiting list for public or subsidized housing?

(1) Yes

(2) No

-EGYASSYN-

Has this household received any energy assistance
from the Federal, state, or local government
from [MONTH1] 1st to the end of [MONTH4]?

(1) Yes

(2) No

-EGYPAYMT-

(Earlier you said this household received energy assistance)

Was this assistance received in the form of -

MARK ALL THAT APPLY. ENTER (N) AFTER LAST ENTRY.

(1) Checks sent to household

(2) Coupons or vouchers sent to household

(3) Payments sent directly to utility company, fuel dealer, or landlord

@ @ @

-EGYAMT-

What was the total amount of the energy assistance
received by this household from [MONTH1] 1st
to the end of [MONTH4]?

\$@

-HOTLUNYN-

From [MONTH1] 1st to the end of [MONTH4], did (any of the children in this household) usually
get a
lunch offered at school?

(1) Yes

(2) No

-WHOHOTLN- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]
Which children usually got a lunch at school?

ENTER THE LINE NUMBER OF CHILDREN WHO GOT A LUNCH AT SCHOOL.
ENTER (N) FOR NO MORE.

@ @ @ @ @ @

-FREELNYN- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]

Were any of the lunches free or reduced price because
this child (these children) qualified for the Federal School Lunch Program?

(1) Yes

(2) No

-FREREDLN- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]

Were they free or reduced price?

(1) Free lunch

(2) Reduced-price lunch

-BRKFSTYN-

From [MONTH1] 1st to the end of [MONTH4], did (any of the children in this household) usually
get breakfast at school under the Federal School Breakfast Program?

(1) Yes

(2) No

-WHOBK- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]

Which children usually got a breakfast at school?

ENTER LINE NUMBER OF CHILDREN WHO GOT A BREAKFAST AT SCHOOL.

ENTER (N) FOR NO MORE

@ @ @ @ @ @

-FREEBK- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]

Were any of the breakfasts free or reduced-price?

(1) Yes

(2) No

-FREREDBK- REFERENCE PERIOD IS [MONTH1] 1ST TO THE END OF [MONTH4]

Were they free or reduced price?

(1) Free breakfast

(2) Reduced-price breakfast

**FILE N: RECIPIENCY HISTORY - HISTORY OF ENROLLMENT IN GOVERNMENT
PROGRAMS (TOPICAL MODULE)**

-APLFS-

Has [FIRST NAME] [LAST NAME] ever applied for the Federal
Government's Food Stamp Program?

- (1) Yes
(2) No

-RECVFS-

Has [FIRST NAME] [LAST NAME] EVER been authorized to receive food stamps?

- (1) Yes
(2) No

-FSWHEN-

When did [FIRST NAME] [LAST NAME] first start receiving food stamps?

MONTH: @

YEAR: @

-TMFSLONG-

For how long did [FIRST NAME] [LAST NAME] receive food stamps that time?
(ENTER ANSWER IN MONTHS OR YEARS)

@

ANSWER IS IN:

- (1) MONTHS
(2) YEARS

@

-TMFSTIME-

How many times in all have there been when
[FIRST NAME] [LAST NAME] received food stamps?

-APLAFDC-

Has [FIRST NAME] [LAST NAME] EVER applied for benefits from
the program AFDC - Aid to Families With Dependent Children sometimes called ADC?

- (1) Yes
(2) No
-

-RECVAFDC-

Has [FIRST NAME] [LAST NAME] EVER received AFDC benefits?

(1) Yes

(2) No

-AFDCWHEN-

When did [FIRST NAME] [LAST NAME] first start receiving AFDC benefits?

MONTH: @

YEAR: @

-TMAFDCLG-

For how long did [FIRST NAME] [LAST NAME] receive AFDC that time?
(ENTER ANSWER IN MONTHS OR YEARS)

@

ANSWER IS IN:

(1) MONTHS

(2) YEARS

@

-AFDCTIME-

How many times in all have there been when
[FIRST NAME] [LAST NAME] received AFDC?

@

-APLSSI-

Has [FIRST NAME] [LAST NAME] EVER applied for benefits from
the program called SSI or Supplemental Security Income?

(1) Yes

(2) No

-RECVSSI-

Has [FIRST NAME] [LAST NAME] EVER received SSI benefits?

(1) Yes

(2) No

-SSIWHEN-

When did [FIRST NAME] [LAST NAME] first start receiving SSI benefits?

MONTH: @

YEAR: @

-TMSSILNG-

For how long did [FIRST NAME] [LAST NAME] receive SSI that time?
(ENTER ANSWER IN MONTHS OR YEARS)

@

ANSWER IS IN:

(1) MONTHS

(2) YEARS

@

O: EMPLOYMENT HISTORY TOPICAL MODULE

-EMPHINTRO-

Now I have some questions about his/her previous jobs or businesses.

PRESS ENTER TO CONTINUE

-LSTWRKY1-

(Before [FIRST NAME] [LAST NAME] started his/her current job or business)
what year did [FIRST NAME] [LAST NAME] last work at a paid job or business?

ENTER (N) FOR NEVER WORKED

YEAR: @

-LSTWRKM1-

In what month was that?

MONTH: @

-PRVJOBYR-

Before [MONTH1], in what year did [FIRST NAME] [LAST NAME]
last work at a paid job or business?

ENTER (N) FOR NEVER WORKED AT ANOTHER JOB/BUSINESS

YEAR: @

-PRVJOBMN-

In what month was that?

MONTH: @

-FRMRYR-

In what year did [FIRST NAME] [LAST NAME] START that job or business?

YEAR: @

-FRMRMN-

In what month was that?

MONTH: @

-SIXMTHYR-

How old was [FIRST NAME] [LAST NAME] when he/she FIRST worked 6 straight months at some job or business

IF THE RESPONDENT PROVIDES AN AGE, ENTER THE RESPONSE IN THE "AGE" SPACE; IF THE RESPONDENT PREFERS TO ANSWER IN TERMS OF A CALENDAR YEAR, ENTER THE YEAR (THAT IS, 19--) IN THE "YEAR" SPACE. PRESS ENTER TO MOVE TO "YEAR" SPACE.)
WE ARE ONLY INTERESTED IN WORK AFTER AGE 15. ENTER AN AGE OR YEAR AFTER THE RESPONDENT TURNED 15.

ENTER (N) FOR NEVER WORKED MORE THAN 6 STRAIGHT MONTHS AT A JOB OR BUSINESS

AGE: @ OR YEAR: @

-YRSIXMTH-

That would be around [MAKEMTHYR].
Is that correct?

- (1) Yes
- (2) No

-SXMTHYR2-

I'm sorry. What year was it?
YEAR: @

-NO6REASN-

What is the main reason [FIRST NAME] [LAST NAME] never worked (six straight months) at a paid job or business?

- (1) Taking care of a minor child
- (2) Taking care of an elderly family member
- (3) Taking care of a disabled but non- elderly family member
- (4) Other family or home responsibilities
- (5) Own illness or disability
- (6) Could not find work
- (7) Did not want to work
- (8) Going to school
- (9) Other

-YRSINCE-

Did [FIRST NAME] [LAST NAME] work at least 6 straight months in each year?

- (1) Yes
- (2) No

-YRSINCE2-

There have been [TEMP] years since [MAKEMTHYR].

In how many of those [TEMP] years
did [FIRST NAME] [LAST NAME] NOT work 6 straight months?

ENTER NUMBER OF YEARS OR (A) FOR ALL

NUMBER OF YEARS: @

-WRK35HR-

During the time since [MAKEMTHYR] that [FIRST NAME] [LAST NAME]
has worked, has he/she generally worked 35 or more hours per week?

- (1) Yes
- (2) No

-OFF6MTH-

Since [MAKEMTHYR] have there been any periods lasting
6 months or longer when [FIRST NAME] [LAST NAME] did not work at
a paid job or business because he/she was taking care of a child, an elderly person, or a disabled
person?

- (1) Yes
- (2) No

-NOWRKSPL-

When was the MOST RECENT time period that this happened?
Please report the beginning and ending years of the period.

FROM: @ TO: @

-NWRESN-
(ASK OR VERIFY)

At that time which ONE of the following was
[FIRST NAME] [LAST NAME] taking care of ...?

READ ALL ANSWERS. ENTER ONLY ONE RESPONSE.

- (1) A minor child
 - (2) An elderly family member
 - (3) A disabled but non-elderly family member
-

-OTHTIMES-

Since [MAKEMTHYR] were there any other periods of
6 months or longer when [FIRST NAME] [LAST NAME] did not work at
a paid job or business because he/she was taking care of a child, an elderly person, or a disabled
person?

(1) Yes

(2) No

-CNTOTHR-

How many other times did this happen?

-FRSTYR-

When was the first time that this happened?

FROM: @

TO: @

-FRSTRSN-

(ASK OR VERIFY)

At that time which ONE of the following was
[FIRST NAME] [LAST NAME] taking care of ...?

READ ALL ANSWERS. ENTER ONLY ONE RESPONSE.

(1) A minor child

(2) An elderly family member

(3) A disabled but non-elderly family member

SIPP-16004
(5-7-98)



U.S. Department
of Commerce

BUREAU OF THE
CENSUS

Survey of Income and Program Participation

Field Representative's Flashcard and Information Booklet

(Cut along broken lines)

FLASHCARD INDEX

Flashcard Index

Booklet Instructions

A – Relationship to Reference Person

B – Educational Attainment

C – Race

D – Origin

E – Calendar of Reference Months

F – Assets Owned

G – Colors of the Envelopes from the Social Security Administration

H – Sample Medicare Cards

I – Reason Not Covered by Health Insurance

J – Educational Assistance

Respondent Rules

Household Member Summary Table

Privacy Act Statement

Talking Points for Field Representatives

Uses of SIPP

Elderly Respondents

Poor Respondents

Wealthy Respondents

Middle Income Respondents

(Cut along broken lines)

BOOKLET INSTRUCTIONS

- 1.** Cards E are reference calendars. You will use a different Card E for each month you interview. Keep only the current month reference calendar in your booklet, and place remaining calendars for future interview months with your other supplies. Discard calendars for previous interview months.
- 2.** During the interview, you may find it easier to handle the flashcards if you remove them from the binder.

(Cut along broken lines)

CARD A

A

RELATIONSHIP TO REFERENCE PERSON

20 – Spouse (Husband or Wife)

21 – Unmarried Partner

22 – Child

23 – Grandchild

24 – Parent (Mother or Father)

25 – Brother or Sister

**26 – Other Relative of Reference Person
(Uncle, Cousin, Mother-In-Law,
Father-In-Law, etc.)**

27 – Foster Child

28 – Housemate/Roommate

29 – Roomer/Boarder

30 – Other Non-Relative of Reference Person

(Cut along broken lines)

CARD B

EDUCATIONAL ATTAINMENT

31 – Less than 1st grade

32 – 1st, 2nd, 3rd, or 4th grade

33 – 5th or 6th grade

34 – 7th or 8th grade

35 – 9th grade

36 – 10th grade

37 – 11th grade

38 – 12th grade, no diploma

39 – HIGH SCHOOL GRADUATE –
high school DIPLOMA or
equivalent (For example, GED)

40 – Some college but no degree

41 – Diploma or certificate from a
vocational, technical, trade or
business school BEYOND the
High School level

42 – Associate degree in college –
Occupational/Vocational
program

43 – Associate degree in college –
Academic program

44 – Bachelor's degree (For
example: BA, AB, BS)

45 – Master's degree (For
example: MA, MS, MEng,
MEd, MSW, MBA)

46 – Professional School degree
(For example: MD, DDS,
DVM, LLB, JD)

47 – Doctorate degree (For
example: PhD, EdD)

B

(Cut along broken lines)

CARD C

RACE

**WHICH OF THE CATEGORIES ON THIS CARD
BEST DESCRIBES YOUR RACE?**

1 – White

2 – Black

3 – American Indian, Eskimo, or Aleut

4 – Asian or Pacific Islander

C

(Cut along broken lines)

CARD D

ORIGIN

Which of the categories on this card best describes your origin or descent?

European Origin

- 1** – Canadian
- 2** – Dutch
- 3** – English
- 4** – French
- 5** – French-Canadian
- 6** – German
- 7** – Hungarian
- 8** – Irish
- 9** – Italian
- 10** – Polish
- 11** – Russian
- 12** – Scandinavian
- 13** – Scotch/Irish
- 14** – Scottish
- 15** – Slovak
- 16** – Welsh
- 17** – Other European

Hispanic Origin

- 20** – Mexican
- 21** – Mexican-American
- 22** – Chicano
- 23** – Puerto Rican
- 24** – Cuban
- 25** – Central American
- 26** – South American
- 27** – Dominican Republic
- 28** – Other Hispanic

Other Origins

- 30** – African-American or Afro-American
- 31** – American Indian, Eskimo or Aleut
- 32** – Arab
- 33** – Asian
- 34** – Pacific Islander
- 35** – West Indian
- 39** – Another group not listed

D

(Cut along broken lines)

CARD E

FEBRUARY 1996 INTERVIEW

CALENDAR OF REFERENCE MONTHS

OCTOBER 1995 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

NOVEMBER 1995 (3 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30			9

DECEMBER 1995 (2 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

JANUARY 1996 (1 month ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

FEBRUARY 1996						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

○ Holidays

E

(Cut along broken lines)

CARD E

MARCH 1996 INTERVIEW

CALENDAR OF REFERENCE MONTHS

NOVEMBER 1995 (4 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30			5

DECEMBER 1995 (3 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

JANUARY 1996 (2 months ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

FEBRUARY 1996 (1 month ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29			18

MARCH 1996						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

○ Holidays

E

(Cut along broken lines)

CARD E

APRIL 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

DECEMBER 1996 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	(25)	26	27	28	4
29	30	31					(5)

JANUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
			(1)	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	(20)	21	22	23	24	25	8
26	27	28	29	30	31		9

FEBRUARY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	(17)	18	19	20	21	22	12
23	24	25	26	27	28	29	13

MARCH 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
(30)	31						(17)

APRIL 1997						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

○ Holidays

E

(Cut along broken lines)

CARD E

MAY 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JANUARY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
			①	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	②⑩	21	22	23	24	25	4
26	27	28	29	30	31		5

FEBRUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	③⑦	18	19	20	21	22	8
23	24	25	26	27	28	29	9

MARCH 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
④⑩	31						(14)

APRIL 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30				18

MAY 1997						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	⑤⑦	28	29	30	31

○ Holidays

E

(Cut along broken lines)

CARD E

JUNE 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

FEBRUARY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	(19)	20	21	22	3
23	24	25	26	27	28		4

MARCH 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
(30)	31						(9)

APRIL 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30				13

MAY 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	(27)	28	29	30	31	17

JUNE 1997						
S	M	T	W	T	F	S
	1	2	3	4	5	6
	7	8	9	10	11	12
	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30

○ Holidays

E

(Cut along broken lines)

CARD E

JULY 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MARCH 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
(30)	31						(5)

APRIL 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30				9

MAY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	(26)	27	28	29	30	31	13

JUNE 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

JULY 1996						
S	M	T	W	T	F	S
		1	2	3	(4)	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

○ Holidays

E

(Cut along broken lines)

CARD E

AUGUST 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

APRIL 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30				5

MAY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	(26)	27	28	29	30	31	9

JUNE 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

JULY 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	(4)	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

AUGUST 1997						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

○ Holidays

E

(Cut along broken lines)

CARD E

SEPTEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MAY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	2
11	12	13	14	15	16	17	3
18	19	20	21	22	23	24	4
25	26	27	28	29	30	31	5

JUNE 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

JULY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

AUGUST 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17
31							(17)

SEPTEMBER 1997						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

○ Holidays

E

(Cut along broken lines)

CARD E

OCTOBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JUNE 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

JULY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

AUGUST 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

SEPTEMBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30					(17)

OCTOBER 1996						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

○ Holidays

E

(Cut along broken lines)

CARD E

NOVEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JULY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	④	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

AUGUST 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

SEPTEMBER 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
	①	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30					(14)

OCTOBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	⑬	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

NOVEMBER 1997						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	⑪	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	⑳	28	29
30						

○ Holidays

(Cut along broken lines)

CARD E

DECEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

AUGUST 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

SEPTEMBER 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
	(1)	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30					(9)

OCTOBER 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	(13)	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

NOVEMBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	(11)	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	(27)	28	29	17
30							(17)

DECEMBER 1997						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	(25)	26	27
28	29	30	31			

○ Holidays

E

(Cut along broken lines)

CARD F

TYPES OF ASSETS

U.S. Government Savings Bonds (E or EE)

IRA or Keogh Account

401K or Thrift Plan

Interest Earning Checking Account

Savings Account

Money Market Deposit Account

Certificate of Deposit (CD)

Mutual Funds

Stocks

Municipal or Corporate Bonds

U.S. Government Securities

Mortgages from which Payments are Received

Rental Property

Royalties

Other financial Investments not already mentioned

F

(Cut along broken lines)

CARD G

COLORS OF THE ENVELOPES FROM THE SOCIAL SECURITY ADMINISTRATION



BLUE



BUFF

G

(Cut along broken lines)

CARD H

SAMPLE MEDICARE CARDS

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY JOHN Q PUBLIC			
CLAIM NUMBER		SEX	
000-00-0000-A		MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL	(PART A)	12-1-90	
MEDICAL	(PART B)	12-1-90	
SIGN HERE → <i>John Q. Public</i>			

MEDICARE		HEALTH INSURANCE	
RAILROAD RETIREMENT BOARD			
NAME OF BENEFICIARY JOHN Q PUBLIC			
CLAIM NUMBER		SEX	
		MALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL	(PART A)	12-1-90	
MEDICAL	(PART B)	12-1-90	
SIGN HERE → <i>John Q. Public</i>			

H

(Cut along broken lines)

CARD I

REASONS NOT COVERED BY HEALTH INSURANCE

Which one or more of these reasons describe why you were not covered by health insurance during this time?

- 1** – Too expensive, can't afford health insurance
- 2** – No health insurance offered (by employer of self, spouse or parent)
- 3** – Not working at a job long enough to qualify
- 4** – Job layoff, job loss, or any reason related to unemployment
- 5** – Not eligible because working part time or temporary job
- 6** – Can't obtain insurance because of poor health, illness, age, or a pre-existing condition
- 7** – Dissatisfied with previous insurance OR don't believe in insurance
- 8** – Have been healthy, not much sickness in the family, haven't needed health insurance
- 9** – Able to go to VA or military hospital for medical care
- 10** – Covered by some other health plan, such as Medicaid
- 11** – No longer covered by parents' policy
- 12** – Other

(Cut along
broken lines)

CARD J

EDUCATIONAL ASSISTANCE

- 1** – Federal PELL Grant
- 2** – Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs
- 3** – College (or Federal) Work Study Program
- 4** – Any other FEDERAL grant or program: for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- 5** – A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- 6** – A grant, scholarship, or tuition remission FROM THE SCHOOL ATTENDED
- 7** – A teaching or research assistantship from the school attended
- 8** – A grant or scholarship FROM THE STATE, such as SSIGP, Douglas Scholarships
- 9** – A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.
- 10** – Assistance provided by employer
- 11** – Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

RESPONDENT RULES

HOUSEHOLD RESPONDENT

Any household member 15 years old or older who is physically and mentally competent and knowledgeable may answer the control card questions and questions about the household as a unit.

HOUSEHOLD MEMBER 15 YEARS OF AGE OR OLDER

Each household member 15 years old or older, present at the time of interview, should respond for himself/herself. If a 15+ person is physically or mentally incompetent, select a proxy respondent. Also select a proxy respondent for a person absent at the time of interview. Any **knowledgeable** household member who is 15 years old or older may serve as proxy. Following is a chart for your use in determining who to interview. The choices are listed in order of priority.

INTERVIEW RESPONDENT PRIORITY RULES	
WAVE	FIRST FAMILY MEMBER INTERVIEW OR RETURN VISIT INTERVIEW
1	1. Self 2. Spouse (if any) 3. Other proxy
2	1. Self 2. Spouse (if any) 3. Proxy last visit 4. New proxy
3-8	1. Self 2. Spouse (if any) 3. Proxy last visit 4. Proxy at another visit 5. New proxy

If a person wishes to act as a proxy but is not a household member, you **must** call your supervisor for permission before interviewing the proxy. Enter a note in Case Management using F7.

SUMMARY TABLE FOR DETERMINING WHO IS TO BE INCLUDED AS A MEMBER OF THE HOUSEHOLD

A. PERSON STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW Any person in unit including members of family, lodgers, servants, visitors, etc.	Include as member of household?	
<ol style="list-style-type: none"> 1. Ordinarily stay here all the time (sleep here) 2. Here temporarily – no living quarters held elsewhere 3. Here temporarily – living quarters held elsewhere In Armed Forces <ol style="list-style-type: none"> 1. Stationed in this locality – usually sleep here 2. Temporarily here on leave – stationed elsewhere Student – Here temporarily attending school – living quarters held for person elsewhere <ol style="list-style-type: none"> 1. Not married or not accompanied by own family 2. Married and accompanied by own family 3. Student nurse attending school nearby 	Yes Yes Yes Yes Yes	No No No No
B. ABSENT PERSON WHO USUALLY LIVES HERE IN SAMPLE UNIT		
Inmate of institutional special place – Absent because inmate in an institutional special place regardless of whether or not living quarters held for person here Persons temporarily absent on vacation, in general hospital, etc. (Including veterans' facilities that are general hospitals) – Living quarters held here for person Absent in connection with job <ol style="list-style-type: none"> 1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., traveling salesperson, railroad worker, bus driver, seaman) 2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineer) 3. Living quarters held here at home for unmarried college student working away from home during summer school vacation In Armed Forces – Currently stationed elsewhere In school – Away temporarily attending school – living quarters held here for person <ol style="list-style-type: none"> 1. Not married or not accompanied by own family 2. Married and accompanied by own family 3. Attending school overseas 4. Student nurse living at school 	 Yes Yes Yes Yes	No No No No No No No
C. EXCEPTIONS AND DOUBTFUL CASES		
Person with two concurrent residences <ol style="list-style-type: none"> 1. Regularly sleep greater part of week in another locality 2. Regularly sleep greater part of week here Citizen of foreign country temporarily in the United States <ol style="list-style-type: none"> 1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate 2. Not living on premises of an Embassy, Ministry, etc. – <ol style="list-style-type: none"> a. If living and studying here and no usual place of residence elsewhere in the United States b. If living and working here and no usual place of residence elsewhere in the United States c. If merely visiting or traveling in the United States 	Yes Yes Yes Yes	No No No No

PRIVACY ACT STATEMENT

"The Bureau of the Census is conducting the Survey of Income and Program Participation to gather information about employment, income, and the economic situation of persons and families who live in the United States. All survey information will be used for statistical purposes only. The survey is being conducted under the authority of title 13, United States Code, section 182.

"Participation in the survey is voluntary, and there are no penalties for failure to answer any questions. However, your cooperation is extremely important to insure the completeness and accuracy of the final results."

TALKING POINTS FOR FIELD REPRESENTATIVES

Uses of SIPP

The Survey of Income and Program Participation (SIPP) is used to learn and understand more about the economic well being and changes of the Nation. Because SIPP follows people over time and because thousands of people have responded to this survey, we are able to provide unique answers or insights into key policy questions.

SIPP data are used by Congress, the White House, and state and local officials to make informed decisions about important policy questions facing the Nation. SIPP data provides meaningful information and insight into the economic well-being of the Nation. Data from the SIPP has been used directly or indirectly in many policy debates, such as:

- Health Coverage Reform Act and Legislation
- Minimum Wage Act and Legislation
- The Americans for Disabilities Act and Legislation
- Welfare Reform Act and Legislation

Listed on the next few pages are some of the ways SIPP data is used to provide information and insight about the following groups of respondents:

- Elderly Respondents
- Poor Respondents
- Wealthy Respondents
- Middle-Income Respondents

ELDERLY RESPONDENTS

- ▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:
 - Changes in the cost of medical insurance, especially supplemental insurance.
 - Changes in the amount of income received and how people meet living expenses.
- ▶ SIPP measures the changes that affect their ability to maintain their independence and life style, such as:
 - The effects of inflation on the value of Social Security and Pensions.
 - The effects of changes in savings and asset ownership over time and the ability of the elderly to maintain their pre-retirement standard of living.
 - The effects of lower social security and pension payments on surviving spouses.
 - The effect of the movement of the elderly into an extended family and their ability to retain independence.
 - The transition of the elderly into group homes and nursing homes.
- ▶ SIPP allows testing of alternative approaches to improve economic standing of the elderly.
- ▶ SIPP measures the changes that affect people's qualification for programs such as food stamps, housing and energy assistance, Medicaid, etc.
 - Changes in the amount of disposable income.
 - Changes in the value of real assets as people cover current expenses.
- ▶ Measures the interaction between public and private program participation.
- ▶ Measures the impact on the Nation's well-being as the population grows older, such as:
 - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
 - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
 - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

POOR RESPONDENTS

- ▶ SIPP measures the effects of changes in the economic well-being of those in poverty, such as:
 - Changes in the minimum wage.
 - Changes in program qualification requirements and benefits.
 - Changes in family composition.
- ▶ SIPP measures the effect of program changes on those in poverty, such as Food Stamps, AFDC, WIC, Medicaid, etc.
 - Changes in eligibility requirements.
 - Changes in the benefits provided.
 - Changes in the duration of coverage or waiting period before coverage begins.
- ▶ SIPP measures the effectiveness of public assistance programs on those in poverty, such as:
 - The movement into and out of the labor force.
 - The duration without coverage by health insurance.
 - The effect of poverty in depleting real assets.
 - The effect of poverty on educational attainment.
 - Showing who actually participates in the programs.
- ▶ SIPP measures the effect that the Federal Earned Income Tax Credit has on those in poverty.
- ▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.
- ▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:
 - The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.
 - The effectiveness of programs to reach the intended population.
 - The impact on health care insurance participation during periods of unemployment.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

WEALTHY RESPONDENTS

- ▶ SIPP measures the impact of changes in government tax policies on savings and assets.
 - Changes in the capital gains tax.
 - Changes in estate taxes.
 - Modification of tax credits or deductions.
 - Changes in IRA and 401(k) eligibility and limits.
 - Changes in age eligibility for withdrawing funds from IRA or 401(k) plans.
- ▶ SIPP measures the impact of corporate down-sizing on economic well-being, such as:
 - The effect on labor force participation.
 - The effect on savings and real assets as people try to maintain their standard of living.
 - The effect on educational attainment of family members.
 - The effect on child care arrangements during times of unemployment.
- ▶ Measures the impact on the Nation's well-being as the population grows older, such as:
 - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
 - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
 - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.
- ▶ SIPP measures the impact of changes in health insurance programs.
 - Changes in the cost of insurance policies.
 - Changes in the composition of those covered.
 - Changes in coverage when a person changes jobs.
- ▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.
 - The fluctuations in labor force participation.
 - The effect on savings and real assets as they try to maintain their standard of living.
 - The effectiveness of unemployment payments to the family's well-being.
 - The effect on educational attainment of family members.
 - The effect on child care arrangements during times of unemployment.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

MIDDLE INCOME RESPONDENTS

- ▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.
 - The fluctuations in labor force participation.
 - The effect on savings and real assets as people try to maintain their standard of living.
 - The effect on health insurance coverage, especially COBRAs. A COBRA is a requirement of the Omnibus Budget Reconciliation Act of 1986. It allows certain workers and their families the ability to retain health insurance benefits by paying the full cost of the coverage for a period of up to 36 months after a dependent reaches a certain age or up to 18 months after a worker is terminated from employment.
 - The effectiveness of unemployment payments to the family's well-being.
 - The effect on educational attainment of family members.
 - The effect on child care arrangements during times of unemployment.
- ▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:
 - The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.
 - The effectiveness of programs to reach the intended population.
 - The impact on health care insurance participation during periods of unemployment.
- ▶ SIPP measures changes in the socioeconomic patterns of the nation's work force.
 - Changes in the child care arrangements and work schedules when both parents are in the labor force.
 - Changes in work habits caused by legislative initiatives such as the Family and Medical Leave Act.
 - Changes in labor force participation as women leave the work force to have children and the duration of non-participation in the labor force.
 - The job status of women/men as they reenter the work force after taking care of a baby or sick family member.
 - Changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.
- ▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:
 - Changes in the cost of medical insurance, especially supplemental insurance.
 - Changes in the amount of income received and how people meet living expenses.

- ▶ SIPP measures the impact of changes in government tax policies on savings and assets.
 - Changes in IRA or 401(k) eligibility or limits.
 - Changes in the basic tax rates and exemptions.
 - Modification of tax credits for education.
 - Modification of tax deductions, such as changes in the deduction for mortgage interest or changes in personal exemptions.
- ▶ SIPP measures the impact of changes in health insurance programs.
 - Changes in the cost of insurance policies.
 - Changes in the composition of those covered.
 - Changes in coverage when a person changes jobs.
- ▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.
- ▶ SIPP measures the impact on the Nation's well-being as the population grows older, such as:
 - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc as the baby boomers reach retirement.
 - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
 - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.